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ABSTRACT

Reviewed in terms of a concept analysis is the literature on child abuse, and presented is an annotated bibliography of approximately 550 journal articles, 18 books, 6 dissertations, and 40 pamphlets on child abuse. Briefly reviewed is the historical context of child abuse. A concept analysis of child abuse is offered which suggests that any individual under the age of 18 who is under the charge of a caretaker and who is nonaccidentally injured should be identified as an abused child. A glossary of approximately 55 terms is given. The review of educationally relevant literature notes the frequent lack of definitions and narrow focus. Seven followup studies of abused children are summarized. It is suggested that research be conducted in areas such as the educational correlates of child abuse. Appended are examples of the application of concept analysis to the identification of abused children. The bibliography is alphabetical by author within format categories and includes bibliographical data and a brief nonevaluative description. (DB)

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Final Report

Contract No. OEC-0-74-9052

Child Abuse

An Integration of the Research Related to Education of Children Handicapped as a Result of Child Abuse

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DFK--MAH

PREFACE

In the spring of 1974, the Research Projects Branch in the Bureau of Education for the Handicapped initiated a request for proposals designed to stimulate research in areas of special education that had been left largely untouched. In response to this request (RFP 74-53) a proposal was made to integrate the research related to the education of children handicapped as a result of child abuse. Further, the Project anticipated a concept analysis to establish needed parameters for appropriate educational research involving the abused child. The proposed activities were intended to yield significant research questions that should be pursued by special educators interested in the abused child.

The underlying assumptions were: (1) A near void existed in the educational literature about the abused child. (2) The literature appearing in other professional journals was composed principally of professional opinion. (3) The data based literature that could be found in medical, social work, psychological, legal, or other journals could not be generalized in any significant way because of the lack of a common definition or concept of child abuse or the abused child.

Each of the underlying assumptions proved to be essentially correct. The purpose of this report is to present an annotated bibliography which will be of help to those interested in child abuse and/or the abused child. Further, a concept analysis is presented. The validity of the concept presented is dependent upon the extent to which we have been successful in identifying the attributes of the abused child as described in the extant literature. We believe the

concept of the abused child presented here to be adequate for establishing the parameters of research and for identifying those elements that should be included in any instructional sequence.

INTRODUCTION

Educators have become increasingly concerned with the special needs of all children. Recent federal court cases have placed a new emphasis on the role of the public school in providing education and training for all children. While the courts have dealt specifically with the problems of the intellectually handicapped and the culturally different, little has been done about involving the schools in dealing with the abused child.

Even though the Council for Exceptional Children (Official Actions, 1974) adopted a resolution at their national convention in April, 1974, calling for recognition "...of abused and neglected children as exceptional children," relatively little has been done to identify the ways in which educators may appropriately be involved.

Many reasons could be given for the lack of involvement on the part of educators and the schools in the problems of child abuse. In addition to fiscal problems and the already short supply of special educators, one might argue that most child abuse takes place during the pre-school years. However, the assumption that most child abuse occurs between birth and age three is yet to be validated even though there is a substantial body of opinion literature suggesting this is, in fact, the case.

Another rationale that might be offered is the fact that there is a near void in the professional literature that educators might be expected to read on the subject of child abuse or the abused child. And, the few articles that have been published in educational journals have been authored by non-education personnel.

In a subsequent section of this report a review of the literature discussing variables which may be related to the later school problems of the abused child will be presented. Only seven studies of this nature have been identified in a thorough review of the literature. The review suggests that there may be an infinite number of variables each of which impinges on subsequent learning problems. Clearly, mental retardation has been caused in some cases of severe child abuse. Child abuse that results in central nervous system damage may result in specific learning disabilities. Research reporting the extent to which child abuse results in problems requiring special personnel and special resources in the educational milieu is totally absent. The full cost, therefore, in terms of human potential or fiscal requirement is yet to be determined.

Most of the literature reviewed in this project supports Gil's (1970) argument that existing research has been fragmented, unsystematic, and distorted. Spinetta and Rigler (1972) also observed that most of the literature is "...composed of professional opinions on the subject (p. 296)."

The absence of any criteria for determining what to include or exclude from the concept represented by the term "abused child" has been a contributing factor to the fragmented, unsystematic, and distorted research to which Gil and others refer.

The lack of a conceptual framework about the abused child has also contributed to the problems associated with the development of instructional materials for use with professional groups. In addition, inter and intra agency conflicts may result from the fact that each has a somewhat different understanding of the term.

A great deal of credit must be given to Dr. Henry Kempe (1974) and his colleagues for providing two definitions of abused children. The first defines children whose problems must be reported, and the second serves to identify children in need of services. The definitions are worthy of repetition:

> Definition for identification of children for reporting purposes: A child under the age of 18, who is suffering from physical injury (inflicted upon him by other than accidental means), or sexual abuse, or malnutrition, or suffering physical or emotional harm or substantial risk thereof by reason of neglect. Reporting of neglect shall take into account the accepted child rearing practices of the culture of which he or she is part.
>
> Definition for identification of children in need of services: The child on whose behalf services should be given is one with or without an inflicted injury whose physical and emotional well-being is threatened.

These definitions are, in our opinion, excellent for purposes of legislation or for those trained and experienced in the area of child abuse. They are, however, too global to be of much value to the instructional developer concerned with transmitting knowledge or to the researcher.

If teachers, social workers, peace officers, mental health workers, and others are to gain an understanding of the problems of child abuse or participate effectively in the identification of abused children, a reliable and complete concept must first be provided.

An effective understanding of a concept requires that one must recognize that collection of stimuli (and their relationships) which evokes a common response. Without a widely accepted concept of the abused child, fragmented research and hit or miss teaching will continue as it has in the past.

The present project was undertaken in an attempt to provide a concept analysis drawn from the extant literature. The basic elements of

the concept were identified according to the procedures described by Markle and Tiemann (1970), and Thiagarajan (1974). As noted earlier, the validity of the concept presented is based on a thorough review of the available literature and is, in our opinion, adequate for purposes of defining research parameters and for systematic instruction.

A further objective of the present project was to provide an annotated bibliography which should be useful to those interested in the present state-of-the-art. On the basis of the literature reviewed and the resulting concept analysis, needed educational research is recommended.

CHILD ABUSE IN A HISTORICAL CONTEXT[1]

The history of child abuse is a nightmare from which we have only recently begun to awaken. The further back in time one goes, the more likely children are found to be killed, abandoned, beaten, terrorized, and sexually mutilated or abused. Early civilizations justified the practice as necessary either to maintain discipline, to transmit educational ideas, to please certain gods, or to expel evil spirits (Radbill, 1974, p. 4; Bakan, 1971, Ch. 2).

Even the enlightened scholars of the classical period reflected the philosophy of their time as regards the status of children. Aristotle is quoted by Russell as follows:

> The justice of a master or a father is a different thing from that of a citizen, for a son or a slave is property, and there can be no injustice to one's own property. (Russell, 1945, p. 174)

To be a different or exceptional child during these times was extremely dangerous. Plato, Aristotle, and Seneca all maintained that the killing of defective children was a wise custom (Bakan, 1971, p. 31). Roman Law (Patria Potestas) gave Roman fathers the right to sell, abandon, kill, or offer in sacrifice all their children.

Western Christianity seems to have been influenced by these customs for some of the teachings of the Old Testament embrace the

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[1]Mark Hopper, Reprinted from Breakthrough, Department of Special Education, Utah State University, Logan: Vol. 2, No. 2, 1974.

concepts that the infliction of pain upon children is a necessary condition to their proper development.[2] And, in Deuteronomy 21:18-21, a father is instructed to put a wicked son to death.

Early colonial America, founded as it was on strict religious principles, adopted some very stringent measures for governing their children. In 1646 the Massachusetts courts adopted the Mosaic law which imposed the death penalty on unruly children, and in 1651 Connecticut followed this example. A father was permitted by statute to put his child to death, and if need be he could call upon colony officers to assist (Light, 1973, p. 559). Very frequently, though, public whippings were substituted for this stringent law (Radbill, 1974, p. 4).

The first instances in America in which children were protected from cruel treatment concerned not parental treatment, which was never questioned, rather it dealt with the cruel treatment which some apprentices received from their masters. But even in these instances the issue was less the actual acts of cruelty than it was the fact that the master failed to live up to the indenture (contract) for an apprentice which usually stipulated that he would "allow his apprentice competent meat, drink, apparel, washing, lodging with all other things fitting for his degree" (Bremmer, 1970, p. 108). For the most gross mistreatment which resulted in the child's death, a master

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[2]Proverbs 13:24...He that spareth his rod hateth his son; but he that loveth him chasteneth him betimes.
Proverbs 19:18...Chasten thy son while there is hope, and let not thy soul spare for his crying.
Proverbs 22:15...Foolishness is bound in the heart of a child; but the rod of correction shall drive it far from him.
Proverbs 23:13...Withhold not correction from the child: for if thou beatest him with the rod, he shall not die.
14...Thou shalt beat him with the rod, and shalt deliver his soul from hell.
Proverbs 29:15...The rod of reproof gives wisdom: but a child left to himself bringeth his mother to shame.

might be found guilty of manslaughter. Thus, in Plymouth, 1655, the jury appointed to view the dead body of one John Walker, a 12-year-old apprentice, "and to find the cause how he came to his untimely end," concluded "that the said John was put forth in the extremity of cold, though thus unabled by lameness and soreness (from beatings by his master) to perform what was required; and therefore in respect of cruelty and hard usage he died (Bremmer, 1970, p. 123-124)." For this offense his master, one Robert Latham, was found guilty of manslaughter and ordered "burned in the hand" and "all his goods confiscated."

The case of "Little Mary Ellen," a nine-year-old child just a century ago in New York, 1874, is celebrated as the first effort to provide protection for children by law. Also the Society for the Prevention of Cruelty to Children (SPCC) was founded as a direct result of the case. Mary Ellen was successfully removed from her foster mother through the action of the Society for the Prevention of Cruelty to Animals (SPCA). After some soul searching the society decided that a child, as a member of the animal kingdom, was entitled to "at least the same justice as a common cur on the street." In pursuing the matter of Mary Ellen's treatment, the society managed to get the child removed from the foster mother, one Mary Connolly, who, found guilty of assault and battery, was sentenced to the maximum, one year in the penitentiary at hard labor (Bremmer, 1971, V. II, p. 185).

But in Mary Ellen's case the actions taken to protect the child did not involve a natural or legal parent-child relationship. In its reporting of the case, the New York Times, April 22, 1874 (Bremmer, 1971, V.II, p. 189) reported that a brother of Mary Connolly insisted

she had adopted the child, would prove it upon the expiration of her term and thus get the girl back. The successful removal of the child appears to have been possible only because Mrs. Connolly was not her legal parent.

The subsequent actions of the SPCC continued to be directed toward cruel usage and exploitation of children by adults other than their parents. Of particular concern of the society were the "padrones" who secured children and trained them as performers in dangerous acrobatics or as child musicians. In supporting the SPCC efforts, Harpers Weekly, December 11, 1875, under the heading of "Little Slaves of the Arena" stated:

> The public should refuse to patronize places of amusement where little children are made to perform difficult and dangerous feats. The victims of the cruel taskmasters of the arena are generally poor little castaways, whom society should protect from servitude as wretched as slavery itself. They are sometimes picked up in the streets, but more frequently they are purchased of unnatural parents, who are glad to be relieved of their support, and, who do not care what becomes of them. (Bremmer, 1971, V.II, p. 193)

While the selling of a child by a parent was considered "unnatural," still in the latter years of the nineteenth century, it was not considered "illegal." The absolute parental authority over children would extend well into the industrial revolution when the health and well-being of thousands of children would be sacrificed by their parents to the demands of industry for cheap labor.

Gradually though, and largely through the efforts of both the SPCC and the SPCA, some states began to expand their interest in the welfare of children beyond that of poor or delinquent children. The idea developed slowly that the state might have the right and duty to be concerned with cases of parental neglect or cruelty and abuse. If these things affected the health and education or morals of children,

then the state should have an interest in these matters.

Within this context, the beginnings of the modern period of recognition that child abuse exists came in the mid-1940's. Aided by the now fairly sophisticated practices of roentgenology, medical literature began reporting a strange "new syndrome" which manifest itself in skull fractures, and subdural hematomas in combination with fractures of the long bones which are in various states of healing. Articles published in medical journals (Caffey, 1946, "Infantile Cortical..."; Caffey, 1946, "Mulitple Fractures...") said much "between the lines" to suggest intentional parental injury. But another seven years lapsed before the issue was addressed directly. In 1953 Silverman wrote:

> It is not often appreciated that many individuals responsible for the care of infants and children...may permit trauma and be unaware of it, may recognize trauma but forget or be reluctant to admit it, or may deliberately injure the child and deny it. (Silvermann, 1953, p. 424)

Yet it was not until 1961 that the first relatively public acknowledgment of the problem was made in a manner that could generate some consequences. In that year at a seminar sponsored by the American Academy of Pediatrics, six physicians made a presentation on the problem of child abuse using the term "Battered Child Syndrome." They presented the problem as a medical syndrome and a childhood disease in its own right with a set of symptoms and named it by its cause. This paper was later published in the widely read Journal of the American Medical Association (Kempe, Silverman, Steele, Brandt, Droegemueller, and Silver, 1962).

Later Kempe commented:

> Knowing that pediatricians had for years been complacent about the problem of child abuse, it was felt that something had to be done to gain their attention and increase their desire to do something about the problem. The term "battered child" was adopted to made an impact upon pediatricians and shake society loose from its complacent attitude. The fact that this objective has been partially achieved is documented by the existence of reporting laws in all 50 states and the increasing general understanding of the problems of child abuse. (Kempe and Helfer, 1972, p. xi)

These efforts led finally to the passage in 1973 of national legislation in the Child Abuse Prevention and Treatment Act (S 1191, 93rd Congress, 1st Session). This (act) establishes (sic) a National Center on Child Abuse and Neglect which will provide supportive services and financial assistance for demonstration programs for the prevention, identification, and treatment of child abuse and neglect.

This is only a minute beginning, but seen in a perspective of the historical context, the fact that a society has recognized that the horrors of child abuse are widespread in its culture, represents a giant stride toward eradication.

A Concept Analysis of Child Abuse

One of the assumptions underlying the project effort (see page iv) was that the studies in the area of child abuse could not be generalized in any significant way because no consistent and generally acceptable definition existed.

The question of how one defines child abuse is very conspicuous throughout much of the literature. In a rather extensive discussion of the definitional problems, Gil (1970) noted that nearly every investigator "struggled with the problem of conceptual definition only to come up with an unsatisfactory, more or less complex, relative, and ambiguous statement (p.5)." Kempe and Helfer (1972) identified the lack of a suitable definition as a primary source of confusion, misunderstanding, and limited communication among investigators of child abuse (p. xi). Burland, Andrews, and Headsten (1973) simply stated, "Child abuse does not seem to be a definable psychosocial entity (p.588)."

A major problem with which such investigators struggle in defining child abuse is philosophically based, and one which is impossible to ignore. Our society supports the infliction of pain upon children as a means of discipline and training (an attribute not shared by all societies); yet concurrently looks upon child abuse as an act of criminal deviance. There is no clear line of demarcation between corporal punishment as a legitimate disciplinary measure and child abuse.

Obviously, though, there is some kind of a concept operating as to what constitutes child abuse. It is a reality that children are removed or otherwise protected from parents or parents are punished as a result of experiences which by some criteria are labeled "child abuse". However, as in research, the definitions vary. For example, Steele (The Pharos...1970) reported a case of a father who blinded and partially

paralyzed his three-year-old step-daughter. While readily admitting to the act, on the defense that he had only done what was necessary to discipline his child and that he had only used his hands--something which is the right of every parent --he was acquitted and the child remained with him. Yet, on the other extreme, a three-year-old girl was removed from her mother for "child abuse" upon testimony that her mother permitted her to consume an alcoholic beverage on one occasion until the child fell asleep.

Setting definitional parameters for child abuse, then, is confounded by a network of complex societal sanctions which encourage corporal punishment as a healthy disciplinary method, but punish its use "in excess." Certain groups of professionals acting within statutory requirements are forced to define what constitutes that excess, and to take subsequent actions which may have a very profound effect upon both the parent and child. But there is a lack of systematic, empirical information as to the attributes these groups of professionals (mainly from the fields of law, medicine, psychology, social work, and education) see as critical in child abuse. Consequently, little is known of the parameters upon which their decisions are based.

Analysis of the existing research showed that decisions often rest on an a priori system of values of the professionals involved (Cheney, 1966; Varon, 1961). One worker even responded that questions relevant to how these decisions were made are not fair (Varon, 1961). Cheney (1966) called for "clear standards and an administrative procedure designed to expose the criterion actually applied in any case...(p. 88)." De Courcy and De Courcy (1973) document a series of cases in which professionals clashed on what should be classified as child abuse and

what interpretations should be placed on the classification. As a result of the confusion, children were returned to their parents and suffered permanent damage from further abuse. But at the opposite extreme, children are summarily removed from parents for rather minor activities which, by someone's criteria, constituted "abuse". Cheney (1966), for example, reported an agency petitioning for removal of a child because his mother visited taverns (p. 83). And in another case reported by the same author, a family lost 5 of their children through adoption while the parents were petitioning for a reversal of a decision denying the children's return to them because their home was too small (p.88).

Another area in which the definitional problems cause difficulties is in research and descriptive studies of child abuse. Elmer (1963), commenting on the lack of research on child abuse, claimed the fact that there was no objective way of deciding whether an abusive action had occured was a very practical difficulty which stood in the way of rigorous study (p. 180). Later she elaborated on this point as follows:

> The investigator who wishes to study the problem of child abuse finds that the definition of abuse is by no means clear and commands no consensus--even among knowledgeable professional persons. Some claim that physical abuse is the only variety worth concern; others believe that, in the long run, emotional trauma can be fully as damaging to the child. If we concentrate on physical abuse, leaving out emotional trauma, a lack of consensus is still apparent. It is unclear, for instance, whether chronicity of mistreatment is a necessary condition to establishing abuse. In many families an isolated beating or hard spanking can be expected in the normal course of events. If this is so, how do we label the rare impulsive outburst that results in permanent injury to the child? Is this to be called abuse because of the damage to the child? Or is it to be called an accident since it never occurred before? When the parent is filled with remorse, should this affect our judgment? (Elmer, 1966, p. 28).

Kempe and Helfer (1972), in a like manner, cited definitional confusion as a formidable problem which has limited communication and caused misunderstanding among the various professionals working with child abuse (p. xi).

Dr. David Gil made an attempt to clear up such difficulties by developing a rationale for focusing on the caretakers'intent (Gil, 1970, Ch. 1, p. 1-17). In 1970, he proposed the following definition:

> The intentional, nonaccidental use of physical force, or intentional, nonaccidental acts of omission, on part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring, or destroying that child (Gil, 1970, p.6).

But it is interesting to note that earlier (in Kempe and Helfer, 1968, p. 20), he had proposed a different definition:

> Non-accidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them.

And then in 1973, testifying before a Senate Subcommittee holding hearings on the Child Abuse Prevention Act (S. 1191, 93rd Congress, 1st Session), he defined child abuse as:

> Any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts of inaction (sic), which deprive children of equal rights and liberties and/or interfere with their optimal development (Gil, 1973, p. 14).

In his latest definition, Gil made it clear that he considered corporal punishment, which he referred to as "nothing but an ancient cruel ritual which never serves the real educational and developmental needs of children", as an act of abuse (Gil, 1973, p. 20).

Unlike Gil, most investigators do not attempt to develop a rationale for their definitions, and many others provide no definitions at all. Those definitions offered have ranged extensively. There is still disagreement as to whether psychological abuse and sexual abuse should be classified as "child abuse", or whether it should be confined

to physical abuse (See, for example, Light, 1973; and Spinetta and Rigler, 1972). There have been attempts to specify the nature and extent of the injuries as the criteria (Elmer and Gregg, 1967). Parental intent in inflicting the injury has been used to define abuse (Morse, Sahler, and Friedman, 1970). Delsordo (1963) and Bryant, Billingsley, Kerry, Leefman, Merrill, Senecal and Walsh (1963) used an a posteriori criterion which defined abuse as situations in which a child was physically mistreated by an adult to the point that care by someone outside the family (e.g. relative, foster parent, or institution) is needed (p. 126). Newberger, Hagenbuch, Eberling, Colligan, Sheehan and McVeigh (1973) define it more in global terms of "a syndrome with or without inflicted injury, in which a child's survival is threatened in his home (p. 846)."

Some of the earlier attempts to call attention to the problems of abuse resulted in the use of some very emotional laden terms to define it. Kempe and Helfer's term "battered child syndrome" is a good example of this. Elmer (1966) stated:

> It (battered child) is less suitable today when the focus is on developing appropriate manners for management of the problem. The term "battered child" connotes willful assault, cruelty, even sadism; it leaves no room for the exploration of other etiological possibilities (p. 29).

And, Kempe and Helfer (1972), themselves, stated that they seriously considered dropping the term in favor of some "more clearly understood and all-inclusive term (p. xii)."

The lack of clarity on how to define child abuse has resulted in a wide variance in concepts and terminology associated with child abuse in the legal realm. Fraser (1974), a staff attorney for the National Center for the Prevention and Treatment of Child Abuse and Neglect, commented that every state defines child abuse differently in some respect (p. 12).

In summary, the review of literature reveals that concepts of child abuse are value-oriented, highly emotional and confused by corporal punishment. How to define child abuse clearly and objectively remains an open question.

The difficulty which such a lack of agreement on the concepts and terminology creates for research and training in child abuse was stated by Gil (1970) as follows:

> "An essential first step in investigating a phenomenon as complex as physical abuse of children is to develop an unambiguous definition as a basis for identifying and describing discrete incidents (p. 4-5)."

A major goal of this project was the development of a means of defining or conceptualizing an abused child. To accomplish this goal it was proposed that a systematic procedure known as "concept analysis" (Markle and Tiemann, 1970; and Thiagarajan, Semmel and Semmel, 1974) would be applied to the content of literature reviewed.

Concept analysis as described by Thiagarajan et al is one of the first procedures employed in instructional development when defining precisely what information the completed instructional program should teach (Thiagarajan et. al, 1974, p. 6). It is similar to task analysis (the means by which a task is broken down into various component subtasks) except for the content to which it is applied. Task analysis is used when skill development is the goal of instruction. Concept analysis is used when the acquisition of knowledge is the goal (Thiagarajan et al, 1974, p. 43).

A concept as used in the procedure of concept analysis refers to "a class the members of which share some properties in common (Markle and Tiemann, 1970, p. 5)." The shared properties enable generalizations

of the concept to new examples. The properties common to the concept and, therefore, the properties which must be contained in every example of the concept are called "critical attributes" by both Thiagarajan, et al (p. 43) and Markle and Tiemann, (p. 20).

Irrelevant attributes are properties of a concept which can be varied without affecting the integrity of the concept. Irrelevant attributes, therefore, are those by which examples may vary without losing their membership in the concept category (Thiagarajan, 1974, p. 83).

Those interested in a thorough discussion of the techniques involved in concept analysis are encouraged to read the references cited above. (Procedures used are explained in Appendix B, pp. 39a-39c.)

In order to identify an abused child three critical attributes must always be present. They are: (1) An individual under the age of 18, (2) Under the charge of a caretaker, and (3) Non-accidentally injured.

The first critical attribute has been extracted from the legal literature and is consistent with the law in most states.

The second critical attribute follows logically since, with specific exceptions enumerated in the law, an individual who has not reached the age of maturity (18 years in most states) is by definition under the charge of a caretaker.

The term caretaker is used here to convey the fact that children may be under the charge of an institution, foster parents, babysitters, and the like as well as under the charge of natural parents.

The third critical attribute of the abused child concept is the most difficult to comprehend. The question that is nearly always asked is, "How can you tell whether the injury was accidentally or non-accidentally induced?"

The literature from the field of medicine clearly establishes the fact that the history given of the specific injury and the nature of the injury must be compatible if one is to accept the cause as being accidental. When the nature of a physical injury is at variance with the history given of it, there is a strong likelihood that the injury occurred non-accidentally. In addition to the overwhelming evidence presented in the medical literature, some states (Connecticut and Louisiana) have adopted this language to define the term "abuse" in legislation mandating the reporting of suspected cases of child abuse.

The field of medicine has developed highly sophisticated diagnostic procedures to differentiate between accidental and non-accidental injuries. When used in conjunction with the "extended diagnosis" (See Glossary, p. 23) the margin of error is minimized. Thus, the critical attribute "non-accidentally injured" is not only essential to the concept of the abused child, but is also capable of being determined with a high degree of accuracy, even though the specific type of injury varies from example to example.

By referring to the concept analysis scheme presented on page 21, and, when necessary to the Glossary presented on page 22 the reader should be able to identify the critical attributes (Cols. 2, 3, and 4) necessary in <u>every</u> example of an abused child. Columns 5 and 6 of the concept analysis scheme show the category of injury and classify the injury as one of omission or commission. Columns 7 and 8 show the type of physical injury (irrelevant attributes which vary without affecting the integrity of the concept) and how the injuries are most frequently described in the existing literature. Column 9 identifies basic procedures employed in the medical diagnosis.

Columns 10, 11, 12, and 13 show the relationship between sociological and psychological descriptors and physical descriptors through the use of the extended diagnosis.

It should be noted here that consideration was given to omitting psychological injury from the concept analysis because hard data in the literature was insufficient to assume its existence as a discrete category. Moreover, the legal literature shows that many states refuse to recognize "psychological injury" or "emotional injury" unless it is accompanied by physical injury. However, the existence of psychological injury is so pervasive in the medical, social work, and psychological literature that inclusion of psychological injury is essential to a complete concept analysis. Moreover, the extended diagnosis with its psychological components has become such an integral part of the medical diagnosis of physical injury, that excluding psychological injury from the concept of the abused child would abort the entire analysis.

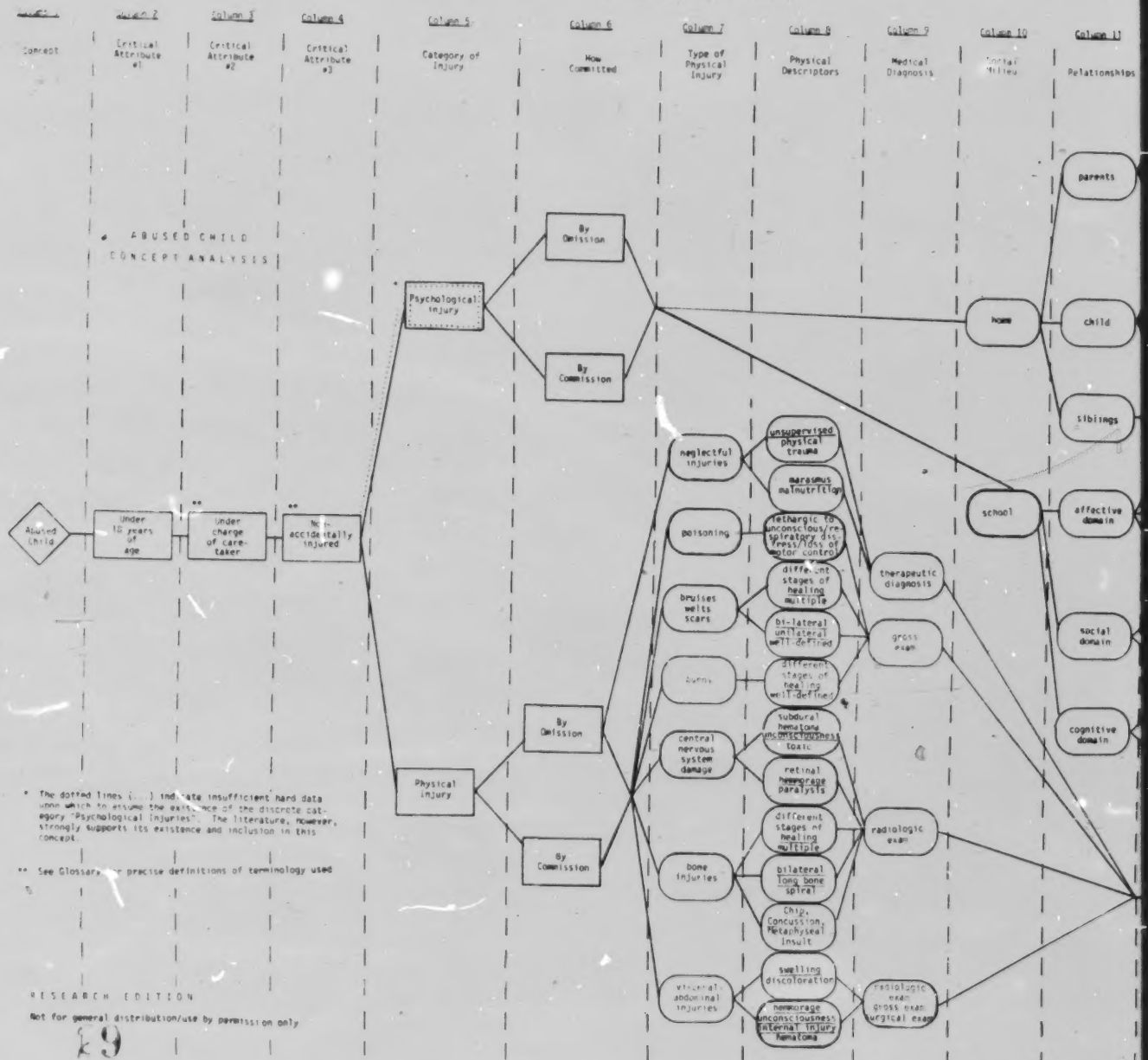
The reader will note in columns 4 and 5 that "Psychological Injury" is connected to critical attribute numbered 3 by both a dotted and a solid line. This is to indicate that the elements associated with psychological injury may require more sophisticated diagnostic techniques than are now available if psychological injury is to be considered by the courts as evidence of child abuse when physical injury is not also present. The solid line designates the direct relationship between an abused child and psychological injury because the literature strongly indicates that psychological injury must certainly accompany most cases of severe physical injury inflicted upon a child.

Inclusion of psychological injury seems justified for still another reason. The descriptors of sociological and psychological injury as found in the literature are those things which teachers, social workers,

mental health workers, peace officers, and others tend to observe. For this reason and, as mentioned previously, since these properties are essential to the extended diagnosis in cases of physical injury, the inclusion of psychological injury as a category seems essential. Moreover, inclusion of psychological injury increases the utility of the analysis as a means of identifying both the parameters for research and the elements that should be included in programs designed to transmit knowledge about the abused child.

Note: The reader is referred to Appendix A for an illustration of how the concept analysis is utilized to identify examples and non-examples of abused children.

ABUSED CHILD CONCEPT ANALYSIS SCHEME



* The dotted lines (- - -) indicate insufficient hard data upon which to assume the existence of the discrete category "Psychological Injuries". The literature, however, strongly supports its existence and inclusion in this concept.

** See Glossary for precise definitions of terminology used

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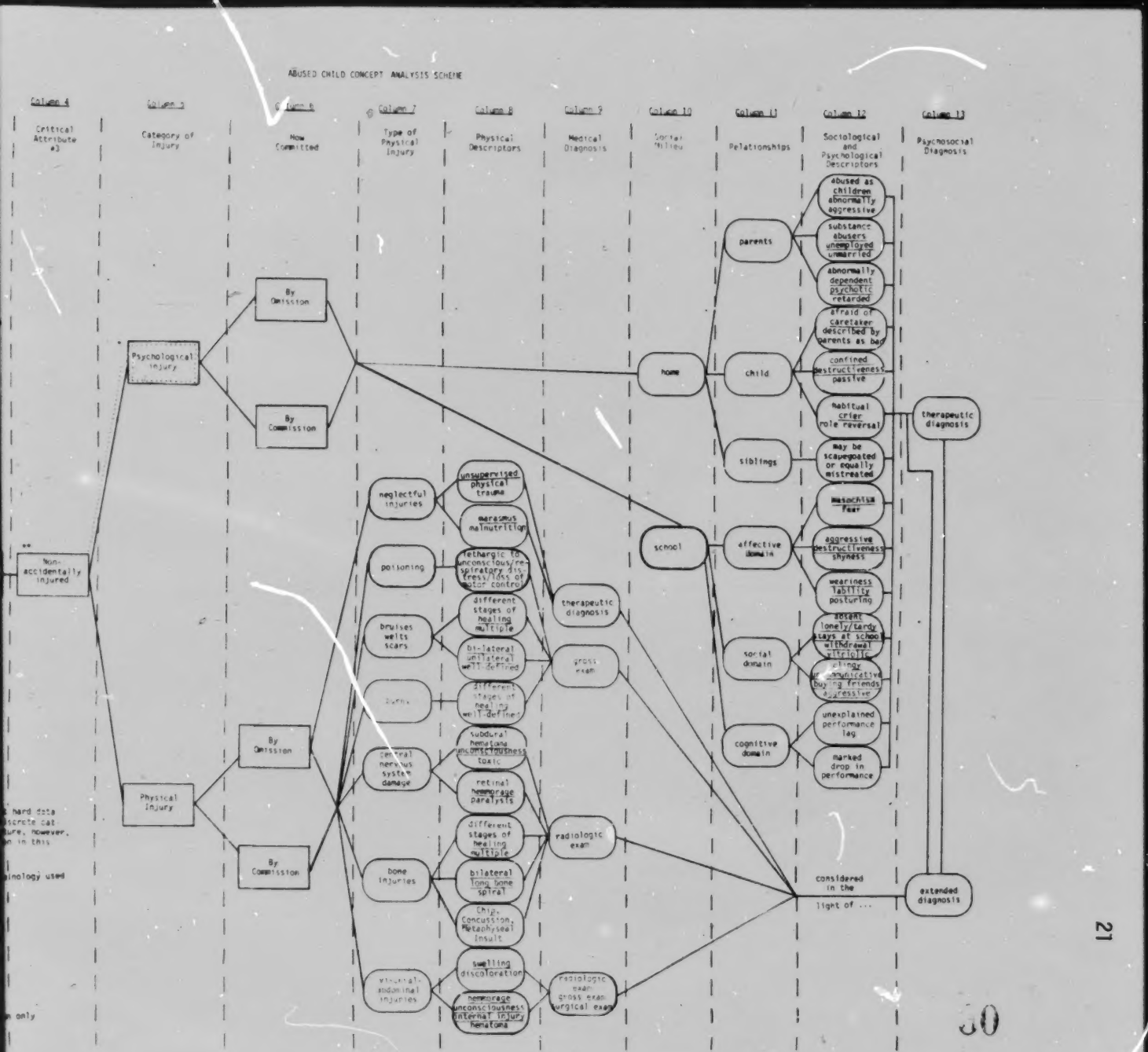
ABUSED CHILD CONCEPT ANALYSIS SCHEME
Column 4
Critical Attribute #3
Column 5
Category of Injury
Column 6
How Committed
Column 7
Type of Physical Injury
Column 8
Physical Descriptors
Column 9
Medical Diagnosis
Column 10
Social Milieu
Column 11
Relationships
Column 12
Sociological and Psychological Descriptors
Column 13
Psychosocial Diagnosis
Non-accidentally injured
Psychological injury
Physical injury
By Omission
By Commission
By Omission
By Commission
neglectful injuries
poisoning
bruises welts scars
burns
central nervous system damage
bone injuries
visceral-abdominal injuries
unsupervised physical trauma
marasmus malnutrition
lethargic to unconscious/respiratory distress/loss of motor control
different stages of healing multiple
bi-lateral unilateral welt defined
different stages of heal ing welt defined
subdural hematoma unconsciousness toxic
retinal hemorrages paralysis
different stages of healing multiple
bilateral long bone spiral
Chip, Concussion, Metaphyseal insult
swelling discoloration
hemorrage unconsciousness internal injury hematoma
therapeutic diagnosis
gross exam
radiologic exam
radiologic exam gross exam surgical exam
home
school
parents
child
siblings
affective domain
social domain
cognitive domain
abused as children abnormally aggressive
substance abusers unemployed unmarried
abnormally dependent psychotic retarded
afraid of caretaker described by parents as bad
confined destructiveness passive
habitual crier role reversal
may be scapegoated or equally mistreated
masochism fear
aggressive destructiveness shyness
weariness lability posturing
absent lonely/lonely stays at school withdrawal suicidal
clingy manipulative buying friends aggressive
unexplained performance lag
marked drop in performance
considered in the light of ...
therapeutic diagnosis
extended diagnosis

ABUSED CHILD CONCEPT

Glossary of Terms

ABNORMAL: Deviating from a standard; not average, typical or usual.

ABUSED CHILD: The product of child abuse. Any person under the age of 18 years in the charge of a caretaker who is non-accidentally injured by an act of omission or commission.

AFFECTIVE DOMAIN: A sphere of activity or influence pertaining to feelings or emotions.

AGGRESSIVE: Behavior characterized by offensive acts or attacks; action or activity carried out in a forceful manner.

BILATERAL: Affecting, or pertaining to, both sides of the body.

BRUISE: An injury that does not break the skin but causes ruptures of small underlying vessels with resultant discoloration of tissues. Syn.: Contusion.

BURN: An injury produced by, or as if by, burning. Described in terms of degrees (1st, 2nd, 3rd) in accordance with their depth through the skin.

CARETAKER: Anyone responsible for the health and well-being of a child. A caretaker may be a parent, guardian, foster parent, teacher, baby sitter, or other person charged with the care of a child.

CENTRAL NERVOUS SYSTEM: The system controlling those bodily functions of, relating to, comprising or originating in the brain and spinal cord.

CLINGY: Behavior characterized by a strong tendency to physically hold onto and/or a reluctance to separate from; a strong emotional dependence.

COGNITIVE DOMAIN: A sphere of activity or influence pertaining or relating to the acquisition and application of knowledge.

COMMISSION: A willful or volitional act.

CONCEPT: A class the members of which share some properties in common.

CONFINED: A state existing when movement is restricted beyond accepted norms; bound, imprisoned, denied freedom, locked up, etc.

CRITICAL ATTRIBUTE: A property of every example of a concept. If it is removed, the example becomes a non-example.

DESCRIPTOR: A property of a concept which may, in and of itself be insufficient but delimits examples of the concept; pictures, words, descriptions, characteristics, etc.

DESTRUCTIVENESS: Behavior resulting in damage to property, self, or others.

DIFFERENT STAGES OF HEALING: Injuries of differing ages.

DOMAIN: A sphere of influence or activity.

EXTENDED DIAGNOSIS: The use of social, emotional, economic, or other environmental factors which tend to confirm or deny suspected cases of child abuse.

FRACTURE: A break or rupture in a bone.

CHIP FRACTURE: A break in a bone which separates a small fragment from the main body of the bone.

CONCUSSION FRACTURE: A break in a bone resulting from impact.

GREEN STICK FRACTURE: An incomplete fracture of the long bones; principally the forearm.

LONG BONE FRACTURE: A break in one of the elongated bones supporting a limb; e.g., femur, humerus.

SPIRAL FRACTURE: A break in a bone resulting from twisting or torque.

GROSS EXAMINATION: Physical examination without the aid of radiologic instruments or surgical entry.

HEMATOMA: A swelling containing blood.

INJURY: A harm or hurt, wound or maim which adversely affects health, looks, comfort, or success. A specific impairment of body structure or function caused by an outside agent or force which may be physical, chemical, or psychic.

INTERNAL INJURY: An injury to the internal organs, e.g., bowel, kidneys, spleen, liver, heart, lungs, mesentery.

LABILITY: Characterized by rapid emotional or mood changes.

LETHARGIC: Apathetic, sluggish. A state of overpowering drowsiness or sleep.

MALNUTRITION: Faulty or inadequate nutrition. The state resulting from inadequate or improper feeding.

MARASMUS: Progressive wasting or emaciation, especially a wasting in infants; failure to thrive.

MASOCHISM: The act of inflicting harm, or causing harm to be inflicted, upon one's self.

MESENTERY: The membrane enfolding the intestines.

METAPHYSEAL: The line of the junction of the shaft of a long bone (diaphysis) end segment of the bone (epiphysis) which during early life are separated by cartilage.

NEGLECTFUL: Giving little or no attention or regard to; careless; unattending; inadequate caring.

NON-ACCIDENTAL: Occurring by other than chance; e.g., an injury which is inconsistent with the stated cause.

OMISSION: The act of neglecting or leaving undone; neglect of duty; failure to act, etc.

PARALYSIS: Complete or partial loss of function involving motion or sensation in a part of the body.

PASSIVE: Not reacting visibly to something that might be expected to produce manifestations of an emotion or feeling.

PERFORMANCE LAG: An unexplained discrepancy between observed and realistically expectable behavior.

PHYSICAL: Of or pertaining to the body.

POSTURING: Remaining motionless for unusually long periods of time.

PSYCHOLOGICAL INJURY: That which adversely effects the emotional or intellectual well-being of a child.

PSYCHOTIC: Referring to mental disorders characterized by defective or lost contact with reality.

RADIOLOGIC: Of or pertaining to the use of radioactive substances in medicine; x-ray. Principally referring to x-ray diagnosis.

RETARDED: Limited in intellectual or emotional development.

RETINAL HEMMORAGE: Rupture of blood vessels in the perceptive structure of the eye.

ROLE REVERSAL: A pathological pattern of behavior wherein a child assumes the parent role of providing emotional support.

SCAPEGOAT: A person bearing the blame for others and/or receiving the brunt of punishment.

SCAR: A mark left by the healing of injured tissue. May be internal as well as involving the skin.

SIBLING: One of two or more persons having one common parent.

SOCIAL DOMAIN: A sphere of influence or activity involving the relationships of an individual to another individual or group.

SUBDURAL HEMATOMA: A swelling containing blood and underlying the membrane which enfolds the brain.

SUBSTANCE ABUSE: Improper use of controlled drugs such as alcohol, narcotics, etc.

THERAPEUTIC DIAGNOSIS: The identification of a disease or pathological state by removal of the patient from his usual setting, providing controlled treatment in a hospital or other therapeutic milieu, and comparing and contrasting observed differences.

TOXIC: Of, relating to, or caused by a poison.

TRAUMA: A wound or injury; especially damage produced by external force.

UNCOMMUNICATIVE: Not tending to communicate; untalkative; withdrawn.

UNILATERAL: Of, relating to, or affecting only one side of the body.

VISCERAL-ABDOMINAL: Of, relating to, or affecting the inner cavity of the abdomen.

VITRIOLIC: Virulent of feeling or speech; characterized by obscene or violent speech.

WELT: A ridge or lump raised on the body, usually by a blow.

WITHDRAWAL: The act of retreating physically or emotionally to a less exposed position; characterized by a low frequency of social interaction.

REVIEW OF EDUCATIONALLY RELEVANT LITERATURE

Only a small proportion of the studies of abused children have been concerned with problems beyond the immediate physical effects of the injuries. Of the 415 articles collected for this project, only 7 were addressed to determining the incidence of handicapping conditions following physical trauma. As stated by Martin (1972):

> The morbidity of the syndrome is just beginning to be studied. We know that many children die. We now see that even larger numbers of children will be retarded, brain damaged, undernourished, and emotionally crippled (p.111, 112).

The existing evidence as to the incidence of educational handicapping conditions in the abused child population is difficult to assess. The lack of common criteria for selecting abused subjects has been cited as one major deficit in existing research studies (Geiser, 1973). As noted by Elmer, (1966):

> The investigator who wishes to study the problem of child abuse finds that the definition of abuse is by no means clear and commands no consensus--even among knowledgeable professional persons. Some claim that physical abuse is the only variety worth concern; while others believe that, in the long run, emotional trauma can be fully as damaging to the child (p. 28).

The definitional problem has often been ignored in the literature. Many authors do not even provide a description of their subject selection criteria. In one study (Terr and Watson, 1968), Juvenile Court and Department of Pediatrics referrals served as the basis for subject selection--no injury data were given. Merrill (1962) studied the characteristics of 115 abusing families for which data were available. Selection

techniques and types of injuries were not described. Elmer (1963) selected subjects from the records of one hospital. The sample was limited to "50 former patients whose diagnosis included multiple bone injuries (p. 180)". In only one study (McRae, Ferguson, and Lederman, 1973) was the sample described by the authors as biased. Spinetta and Rigler (1972) addressed the problem when they stated:

> ...in most studies in this area, the researchers used samples easily available from ready-at-hand local populations, and thus the samples were not truly representative (p. 297).

An additional criticism of existing research is its narrow focus. A very few dependent variables have been assessed. The incidence of emotional disturbance among abused children has been reported in only three studies. Elmer and Gregg (1967) found that 40% of their sample was emotionally disturbed. In another study, Morse, Sahler, and Friedman (1970) reported that 29% were emotionally disturbed. McRae, Ferguson, and Lederman (1973) identified 9% as having emotional problems. The incidence of emotional disturbance among the non-abused children is difficult to determine. Hewett (1968) stated that more than 10% are disturbed; while a 4-7% figure was postulated by White and Harris (1961). But, as noted by Kirk (1972), "...a prevalence figure depends on the definition and degree of behavioral disorders an investigator establishes (p. 401)."

Retardation was the most frequently reported variable. In six studies (Elmer, 1963; Elmer and Gregg, 1967; Gil, 1970; McRae, Ferguson, and Lederman, 1973; Martin, 1972; Morse, Sahler and Friedman, 1970) the reported incidence ranged from 13% to 71%. The expected frequency of retardation in the normal population is 2.5 %(Telford and Sawrey, 1972). Standardized I.Q. tests were used in each study to identify retarded

subjects; the use of a single I.Q. test as the sole criterion for determining retardation has been questioned (Smith, 1969).

The incidence of permanent neurological damage was reported in four studies. Kempe (1962) found that 15.2% of 749 abused children suffered permanent brain damage; while in another study (Martin, 1972), 43% of 42 abused children showed evidence of neurological defects. Elmer (1963) studied 50 abused children and reported that 4% were neurologically damaged. It should be noted, however, that her sample was comprised only of bone injured children. McRae et al reported a 9% incidence in 34 abused subjects. A major problem in determining the incidence of neurological damage in the normal population has been the fact that brain damage may result in a wide variety of symptoms. As noted by Kirk (1972):

> The brain is the control center of the body. When something goes wrong with the brain, something happens to the physical, emotional, or mental functions of the organism. The number of things that can happen to the organism are probably as numerous as the nerves and cells of the brain (p. 351).

The Bureau of Education for the Handicapped (1970) and other standard references did not list neurological impairment as a specific handicapping condition. Thus, the incidence of neurological damage has not been studied.

The wide variability in the findings of follow-up studies of abused children preclude their use as a basis for determining the incidence of handicapping conditions among the abused child population.

Table 1 summarizes existing research concerned with the problems of abused children.

In only two of the studies in Table 1 (Gil, 1970; Kempe, et al, 1962) were attempts made to select a random sample. In both cases, however, subject selection techniques were not clearly spelled out. Both studies

used survey instruments and neither reported the percentage of their returns.

Other follow-up studies of abused children have been concerned mainly with injury data. Educational handicaps have not been selected as dependent variables in any of the studies reviewed. Whether or not retardation, emotional disturbance and neurological damage are related to school placement of abused children is not known.

Existing research in determining sequelae to child abuse can be faulted for several reasons: the lack of selection criteria, the lack of random sampling, and the narrow focus of existing studies. There also exists a lack of knowledge of the educational problems of abused children.

Table 1

Summary of Follow-Up Studies
of Abused Children

Study	Population Source	N	Variables Assessed: Retardation	Emotional Disturbance	Neurological Damage	Other
Morse, et al (1970)	One Hospital	21	9	6	N/A	N/A
Elmer (1963)	One Hospital	50	4	N/A	2	Physical Defect = 7
McRae et al (1973)	One Hospital	34	12	3	3	N/A
Martin (1972)	One Child Dev. Ctr.	42	14	N/A	18	Delayed Speech = 16
Elmer & Gregg (1967)	One Hospital	20	10	8	N/A	N/A
Kempe et al (1962)	71 Hospitals	302	N/A*	N/A	85	Death = 33
Gil (1970)	Nation-Wide Survey	12,610	1,639	N/A	N/A	378 never attended school

*Not assessed.

RECOMMENDATIONS FOR EDUCATIONAL RESEARCH

Few studies have been reported regarding educationally handicapping conditions resulting from child abuse. The residual effects of physical trauma are reported in terms of known cases of retardation, emotional disturbance, neurological damage, physical defects, delayed speech, death, and non-attendance at school in only seven of the studies reviewed. The bulk of the literature, however, reports on identification, diagnosis, and other variables associated with physical injuries.

Reports of studies involving family dynamics, psychological characteristics of the abusing parent, and socio-economic factors have commanded considerable attention but to a far lesser extent than physical injuries. The existing literature strongly suggests the need for data based research in nearly all disciplines concerned.

There are many major research problems worthy of consideration. Studies into the causes or precipitating factors within the family situation; socio-economic environments that contribute to abuse; relationships, if any, between the use of mood changing chemicals and abuse or neglect; recidivism rates among abusing parents; intervention strategies that result in discontinuation of abusive behavior and many other areas are certainly worthy of inquiry.

While each of the issues noted above is worthy of investigation and will, undoubtedly, yield fruitful results, the present effort was directed toward the identification of a body of educationally relevant research regarding the abused child.

Based on our review of the literature we have reached the following conclusions:

1. Due to the variety of definitions and terms of child abuse used in existing literature, few investigators were assessing the same facets of the phenomena.
2. Most of the literature reports only on very severe cases of abuse. Thus, we have looked at only one end of the continuum. The more critical issues for educators may be in the less dramatic types of abuse which may be related to specific learning problems.
3. Attention has been focused on symptoms and their alleviation rather than on causes and prevention.
4. Attention has been directed toward descriptive reports rather than data based research.
5. Most reports are professional opinions resulting, in part at least, from the crisis-oriented nature of the physical assault on children.
6. Follow-up studies have, at best, been incomplete.
7. The residual effects of child abuse in relation to requirements placed on the schools and other social institutions and agencies have not been a subject of systematic inquiry to date.

On the basis of the conclusions reached during the course of this investigation, the following educational research is suggested:

Area 1. Studies of the educational correlates of child abuse.

Even though there is some evidence that child abuse may result in severe retardation, emotional disturbance, neurological damage and

other problems, there has been no systematic inquiry into the relationships between child abuse and placement in school.

Examples of questions relating to this issue include:

1. Are specific types of abuse related to subsequent educational placement? That is, is there a relationship between central nervous system damage resulting from abuse and specific learning disabilities?
2. To what extent do abused children require special teachers, special resources, and special educational programs? What is the cost to society in terms of increased demands placed upon the schools and other social agencies and institutions?
3. What are the educational and psychological implications, if any, resulting from physical abuse among school aged children? For example, are behaviors of abused children more or less aggressive, hyperactive, and the like than non-abused children?
4. Are children adjudged as abused more likely to become socially maladjusted and delinquent than nonabused children?
5. Do abused children exhibit unique learning profiles? For example, do abused children handle abstract concepts as readily as nonabused children?
6. What role should the teacher play in providing information that may contribute to the extended diagnosis required in many cases of child abuse?

Area 2. Studies involving the level of awareness among the teachers (and other) professions.

With the near void existing in the literature published in educational journals which educators might normally be expected to read, a major research concern centers on the level of awareness teachers and others involved in education may have about child abuse and/or the abused child.

Examples of questions relating to this issue include:

1. To what extent are teachers aware of their legal obligation to report suspected cases of child abuse. For example, all 50 states have laws regarding the reporting of suspected cases of child abuse. Are teachers and other educators aware of their specific obligations to report?
2. To what extent are teachers aware of the immunities provided in the several state laws when they report in good faith?
3. To what extent are teachers aware of the potential liabilities that may result for failure to report suspected cases of child abuse?
4. To what extent are teachers aware of symptoms and signs of child abuse?
5. To what extent are teachers aware of the roles and relationships of other professionals involved in the field of child abuse? To what extent are teachers and other professionals aware of the community agencies designed to assist in the prevention and treatment of the abused child and his family? For example, what is the role of the social worker, the peace officer, the mental health worker, the physician, the lawyer in the prevention and treatment of child abuse?

6. Are teachers and other educators aware of the potential and irreparable physical and mental damage that may result from child abuse?

Area 3. Studies involving the schools as a social institution and its role in preventing child abuse.

Several articles in the literature suggest that the schools should be involved in programs designed to assist in the prevention and treatment of child abuse. To date, formal school programs designed to assist in the prevention of the phenomena have not been reported.

A substantial number of articles report that the abused child is likely to become an abusing parent. It seems logical, therefore, that the school or other appropriate social institutions and agencies must intervene if the abused child-abusing parent cycle is to be interrupted. And, the question of how appropriate parenting behaviors can best be taught is still a matter of conjecture. At the present time, the role of the school has not been clearly defined.

Examples of questions related to this issue include:

1. Can appropriate parenting behaviors be taught through traditional modes of formal instruction?
2. What elements need to be included in courses designed to teach appropriate parenting behaviors if, in fact, they can be taught via traditional methods of instruction?
3. To what extent, if any, should courses on child abuse be included in teacher preparation programs?
4. To what extent, if any, should courses on child abuse be included in the preparation programs for other professionals.

That is, social workers, nurses, mental health workers, peace officers, and the like.

5. Do schools have established procedures for dealing with problems of suspected cases of child abuse?

The three broad areas of concern outlined above should be of interest to those charged with providing programs for exceptional children. The obvious programmatic and fiscal implications that may come from data based research involving the educational correlates of child abuse, the appropriate involvement of schools, and the interdisciplinary cooperation and communication, seem limitless. Neither the major areas of concern nor the questions illustrative of researchable areas are intended to be inclusive. Rather, the purpose of this project was to identify some areas of appropriate research and to provide a concept which might set parameters if such research should be undertaken.

SUMMARY

The present study was undertaken in an attempt to integrate the extant literature from the fields of medicine, social work, psychology, law, and education and to develop a concept of the abused child. The concept analysis of the abused child is deemed to be an essential prerequisite to significant data based research on the phenomena.

The bibliography presented here contains, to the best of our knowledge, the significant literature that has been published in professional journals. It is recognized, however, that the increased interest in, and writings about, the problems of child abuse make it impossible to have included everything that may now be available. As this report went to press, the project team was fully aware that some articles have been published that are not included here. We believe, however, that anyone interested in the subject will find the work fairly complete and helpful.

In an effort to keep the work as up to date as possible, the items in the present bibliography are being stored in the Utah State University computer. Updating the bibliography will be accomplished by periodic review of newly published items. The entry of new items in the computer will keep the bibliography up to date and easily available. Students interested in any aspect of the subject can retrieve cited materials by key word inquiry of the computer, or should they be interested, the entire bibliography can be retrieved.

As might be expected, the project team is convinced that research into the phenomena of child abuse and/or the abused child will be a rewarding area of inquiry and particularly fruitful for those who are concerned about the residual effects of child abuse in relation to subsequent educational problems.

APPENDIX A

Concept Analysis of Abused Children

EXAMPLES	X denotes presence of Critical Attribute		
	Critical Attribute Number:		
	1	2	3
1. J is a nine year old boy suffering from a fractured left arm and X-ray reveals several old fracture lines. J states he received the fractures by being thrown by his father. J is afraid of returning home.	X	X	X
2. B is a two year old girl with straight welts on her back and buttocks. B's mother states the father spanks her because she is such a bad child.	X	X	X
3. M is a three year old boy with 3rd degree burns on both hands from finger-tips to wrists. Mother states she was teaching M not to play with hot water.	X	X	X
4. T is a five year old girl whose weight is 27 pounds. She is suffering from several infections. Her four brothers and sisters seem well-fed. Mother states she sometimes forgets to feed T. Hospital feeding increases T's weight to 38 pounds in two weeks.	X	X	X
5. K is a three year old boy seen in the emergency room for nosebleed and dizziness. Radiological exam identifies subdural hematoma. Father states he doesn't know how it could have happened. Several weeks later, K returns to the hospital with retinal hemmorage. Father admits to shaking K for misbehavior. Father cannot control K since K's mother died.	X	X	X
6. D is a two year old boy living with his mother who is admittedly alcoholic. The neighbors have been concerned at the way D appears "sick all the time." Medical examination reveals mesenteric damage and bleeding in the abdomen. Investigation reveals that mother punches the boy in the stomach when he won't eat properly.	X	X	X

	Critical Attribute Number: 1	2	3
7. F is a 10 year old girl referred by her teacher to the principal for excessive absences and poor performance in school. F is extremely shy and frightened of peers and adults. F's mother, a single woman of 27, is unemployed and often absent from the home for days at a time. F's mother states she loves F and to protect her from "getting into trouble" while she's gone, she locks her in her closet and sees nothing wrong with the procedure. The consultant psychiatrist has diagnoses F as severely neurotic and has recommended hospitalization.	X	X	X
NON-EXAMPLES			
1. L is a nineteen year old female living at home with both parents. She is pregnant and father admits to being responsible for the pregnancy.		X	X
2. T and D are eight and 9 year old brothers whose parents were killed in an automobile accident three months ago. Neither parent has living relatives and when the Division of Family Services was finally notified, T and D were near starvation in a squalid and dirty tenement apartment.	X		X
3. S is a 12 year old girl brought to the emergency room by her mother. S is suffering multiple bruises and abrasions and has a fracture of the left humerus. S states she fell out of a neighbor's moving car during an argument with the neighbor boy two years her junior.	X	X	

APPENDIX B

Procedures Employed by the Research Team to Identify Critical and Irrelevant Attributes

To insure that the critical and irrelevant attributes essential to the concept of the abused child were included, and to eliminate from consideration attributes that were not strongly supported in the extant literature, the research team established a coding system to identify all significant properties of the concept. The coding system used by the team is shown below.

Abused Child Concept Analysis Coding System

Index Code	Subject
0.0	Historical
0.1	Anthropological
0.2	Religious
0.3	Colonial
0.4	Child Labor
0.5	Other
0.6	Ancient Civilization
2.0	Psycho-Emotional
2.1	Emotional Disturbances
2.11	Children
2.12	Parents
2.2	Intelligence & Intellectual Development
2.3	Psychological Abuse
2.4	Personality
2.41	of Children
2.42	of Parents
4.0	Legal
4.1	Societies Interest
4.2	Children's Rights
4.3	Parent's Rights
4.4	Case Law
4.5	Courts
4.6	Public Defenders
4.7	State Laws
4.8	Federal Laws
6.0	Definitions
1.0	Social
1.1	Socio-Economic
1.2	Single Parents
1.3	Religious
1.4	Parent-Child Relationship
1.5	Peer Relationships
1.6	Incidence & Demographics
1.7	Cultural Mores
3.0	Medical
3.1	Development
3.2	Physiological
3.3	Types of Trauma
3.4	Sexual Abuse
3.5	Neurological & Cerebral
5.0	Educational
5.1	Mental Retardation & Learning Disabilities
5.2	Abuse in Schools & Institutions
5.3	Behavioral Disorders
5.4	Prevention & Remediation
5.5	Handicapping Conditions from Physical, Intellectual, Socio-emotional
5.6	Educational Methods which Foster Optimal Development
5.7	Abuse as Secondary Condition of Care Requirements
5.8	School Responsibility
5.81	Recognition of
5.82	For reporting
5.9	Desirable Teacher Competencies in Working With Abused Child

As each article was read by a team member, appropriate code numbers were recorded on 4x6 cards. To establish inter-reader reliability many articles were read by all team members and any differences in coding were resolved. The coded cards were subsequently used to identify and enumerate the attributes. When necessary, articles were retrieved from the file to insure that the critical or irrelevant attribute had been adequately identified in the literature.

The team, using an interactive mode, sorted through hundreds of cards for the descriptors which have been used to identify abused children. For example, each of the fifty states, the District of Columbia, Puerto Rico and the Virgin Islands have enacted laws that define "child". While most state laws refer to the chronological age (18 years) some states include any person under the age of 18 years as well as mentally retarded persons regardless of age. In order to accomodate the systematic procedures of concept analysis the chronological age of 18 years was, therefore, identified as a critical attribute--a property of the concept present in every example of the concept.

The procedure illustrated above was used through the entire analysis. The critical attribute identified as "under the care of a caretaker" evolved from the numerous articles that differentiated between natural parent, foster parent, baby sitter, and the like. Hence, the generic term "caretaker" has been used to include anyone who is charged with the care of a child. Again, a critical attribute that must be present in every example of the concept.

As noted on page 17 and 18 the critical attribute identified as "non-accidentally injured" resulted from application of the process

and responds to the literature that is in substantial agreement regarding the nature of non-accidental physical injuries.

Identifying the irrelevant attributes--those properties which can be varied without affecting the integrity of the concept--became a matter of identifying the properties reported in the literature and arranging them on the abused child concept scheme in logical relationships to other irrelevant attributes of the concept.

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Currie, J. A psychiatric assessment of the battered child syndrome. South African Medical Journal, 1970, 44, 635-639.

A brief survey of the historical, incidence, and demographic aspects of the child abuse problem. Discusses two case reports in the light of the need for close interagency cooperation in the handling of cases of abuse.

Curtis, G. Violence breeds violence-perhaps? American Journal of Psychiatry, 1963, 120, 386-387.

Critically examines the hypothesis of role-reversal. Cites sources which provide emperical evidence for critical comments. ments.

Daly, R. Willful child abuse and state reporting statutes. University of Miami Law Review, 1969, 23, 283-346.

Reviews a large amount of literature on child abuse, including the characteristics of the child and characteristics of the parent. Discusses treatment modalities. Includes a detailed discussion of various aspects of child abuse legislation as it is codified in the state statutes. Draws similarities and contrasts between and among many of the state statutes, and finally, discusses Florida's child abuse law.

David, L. The shocking price of parental anger. Good Housekeeping, 1964, 158, 87.

Examines the incidence and demography of abuse, with implications for parental and societal actions. Presents legal definitions and medical symptoms.

Davies, J., Jorgensen, J. Battered, but not defeated: The story of an abused child and positive casework. Child Welfare, 1970, 49, 101-104.

Description of a boy who suffered severe abuse until age 3½ and then was removed from his parents. Explains how, by operating on the premise of health rather than pathology in the child's constitution, social workers were able to effect sound emotional health so that at age 5 the child could be successfully placed in an adoption home.

DeFrancis, V. Child protective services - 1967. Juvenile Court Judges Journal, 1968, 19, 24-30.

A summary of a larger (328 pages) report conducted by the Children's Division of the American Humane Association over a two year period. Objectives: To determine what communities were presently doing; to identify the legal basis under which programs were operating; to assess the size and scope of each program and to evaluate to what extent the programs are actually meeting the needs in each community.

DeFrancis, V. Child abuse - The Legislative response. Denver Law Journal, 1967, 44, 3-41.

Presents brief information about the scope of the child abuse problem and analyzes typical provisions of state laws which have been enacted for prevention and reporting. Com-

pares and criticizes statutory provisions of various state laws in light of their purpose, implementation and effect. Concludes that while these laws are a step in the right direction, alone they are insufficient to effect any resolution to the child abuse problems.

DeFrancis, V. Parents who abuse children. P.T.A. Magazine, 1963, 58, 16-18.

A descriptive article briefly touching on the history of child abuse, parental needs and the community's needs for child protection services.

DeFrancis, V. Preventing maltreatment of children. Public Welfare, 1960, 24, 229-230.

Brief outline of problems of child protection.

Deliberate injury of children. British Medical Journal, 1973, 4, 61-62.

An inclusive but very general article on child abuse-its nature, identification and the need for immediate action.

Delsordo, J. Protective casework for abused children. Children, 1963, 10, 213-218.

An attempt to identify parent factors in physical abuse to children. Identifies etiology as 1) mental illness; 2) overflow abuse; 3) anger; 4) disciplinary abuse; and 5) misplaced abuse. Identifies approaches to protective intervention on the basis of etiology.

Denitz, N. Child abuse and the law - Fact and fiction. Record of the Association of the Bar of the City of New York, 1969, 24, 612.

Questions the authenticity of child abuse statistics and criticizes hastily created child abuse laws

Dentists required to report cases of abused and maltreated children. New York State Dentistry Journal, 1973, 39, 629.

A description of reporting procedures for dentists who suspect child abuse. States that dentists are required by law to report.

Dewees, P. The role of the family doctor in the social problem of child abuse. North Carolina Medical Journal, 1966, 385-388.

A discussion of the practical aspects of the North Carolina Child Abuse laws which alleviate the physician's fear of reporting. Stresses the physicians responsibility towards the abused child.

Diggle, G., Jackson, G. Child injury intensive monitoring system. British Medical Journal, 1973, 5875, 334-336.

Describes a three stage computer based system for reporting and monitoring child injuries. Explains that the system collects information and provides monitoring service; results are then printed, circulated and organized for rapid retrieval.

Dine, M., Stark, S. Slaughter of the innocents. Journal of American Medical Association, 1973, 223, 81-82.

A letter discussing abuse by sibling. Stresses the responsibility of parents.

Donovan, T. The legal response to child abuse. William and Mary Law Review, 1970, 11, 960-987.

Mentions but does not treat psychological abuse, the unloved child, emotionally traumatized child, etc. Discusses "what the law must do to ameliorate the problem," but confines discussion to review of laws. Contains tables summarizing provisions on all the states' reporting laws. Opposes provisions that parent will not be called negligent if child is deprived of medical care for religious reasons.

Dorman, S., Duckworth, P. Suspected child abuse: Experience in Guy's Hospital accident and emergency department. Guy's Hospital Report, 1972, 295-298.

Study conducted at Guy's Hospital, London, which undertook to determine if cases of child abuse seen in the hospital failed to get reported. Concluded that many were missed at admission, but a portion of these would be detected later while in hospital. Outlines a policy for attempting to cope more adequately with the problem by cooperation between Accident, Pediatric, and Medical Social Work Departments.

Downs, W. Juvenile courts and the Gault decision. II. An invitation to innovation. Children, 1968, 15, 90-96.

A review of the 1966 Gault decision, in light of child's right to due process when accused of a crime.

Downs, W. The meaning and handling of child neglect - A legal view. Child Welfare, 1963, 42, 131-134.

Discusses legal concepts and principles in relation to neglect. Explains the essential difference between "social neglect", as apposed to "legal neglect." Emphasizes it is "legal neglect" which courts can understand and act upon. Specifies the essential elements in the preparation of neglect cases.

Duncan, G., Frazier, S., Litin, E., Johnson, A. Etiological factors in first degree murder. Journal of the American Medical Association, 1958, 168, 1755-1758.

A study of six prisoners convicted of premeditated murder, four of whom had suffered physical brutality at the hands of their parents, two of whom were obviously psychotic. Makes the case that overly sadistic family patterns may result in a tendency towards violent crimes.

Duncan, J., Duncan, G. Murder in the family. A study of some homicidal adolescents. American Journal of Psychiatry, 1971, 121, 1498-1502.

Review of five homicidal or potentially homicidal adolescents. Illustrates, by cases studied, a sequence of circumstances progressively more difficult for the subjects (including parental abuse). Gives criteria for assessment of adolescent homicidal risk.

Dunsted, C., Oppenheimer, R., Lindsay, J. Aspects of bonding failure. The psychopathology and psychotherapeutic treatment of families of battered children. Developmental Medicine and Child Neurology, 1974, 16, 447-456.

Relates lack of affectional relationship of parent to infant with severe battering of child. Describes in-patient and out-patient therapy. Describes state of "frozen watchfulness" seen in abused children. Links behavior sequences with psychodynamic relationships.

Eads, W. Child protection. Stanford Law Review, 1968-69, 21, 1129-1155.

A review covering the historical role of juvenile probation departments in caring for neglected or abused children; jurisdictions of juvenile-probation departments, law enforcement agencies and CPS units, effective implementation of CPS; and the establishment of a central depository for child welfare statistics.

Eckert, W. Slaughter of the innocents. Journal of Florida Medical Association, 1967, 54, 256.

Description of procedures used by pathologist to prove, legally, that a thirteen-month-old child's death had resulted from abuse rather than by an accidental fall from the couch as claimed by the father.

Eisenstein, E., Delta, B., Clifford, J. Jejunal hematom: An unusual manifestation of the battered child syndrome. Clinical Pediatrics, 1965, 4, 436-440.

A case described as the first known reported case of abuse caused intramural hematoma of the jejunum.

Elmer, E. Hazards in determining child abuse. Child Welfare, 1966, 45, 28-33.

Describes a group of carefully selected children assumed to have been abused. Stresses, through a comparison of the initial study and follow-up study, the problems faced by doctors, social workers, and the courts in evaluating all variables when considering the abusive vs. the non abusive family.

Elmer, E. Identification of abused children. Children, 1963, 10, 180-184.

A study of techniques for identification of abused children. Emphasizes that radiologic evidence is only a beginning. Explains that social and psychological factors, such as parent-child relationships and family constellation, may bear some relationship to abuse.

Elmer, E., Gregg, G. Developmental characteristics of abused children. Pediatrics, 1967, 40, 596-602.

Examines a study which attempted to trace fifty children who were admitted to Children's Hospital of Pittsburg as suspected victims of abuse over a period from 1949 to 1962. Concentrated on twenty in the follow-up study. Concludes that only two of the twenty were found to be normal in the five areas considered: physical development, intellectual functions, emotional health, speech, and physical defects.

Everett, M., Lewis, I., Mair, C., Smith, G., Stranger, D. The battered baby syndrome: The Tasmanian approach. The Medical Journal of Australia, 1973, 2, 735-737.

Description of syndrome, treatment, reporting laws and a multi-disciplinary approach. Explains that childhood injury investigating committee supervises investigation, treatment, follow-up and research.

Fairburn, A. Small children at risk. The Lancet, 1973, 1, 199-200.

Description of child abuse monitoring system in a population of 90,000.

Fairburn, A., Hunt, A. Caffey's "third syndrome" - A critical evaluation. Medicine, Science, and the Law, 1964, 4, 123-126.

A description of seven cases where multiple fractures were found in infants as a result of parental violence.

Feinstein, H., Paul, N., Esmiol, P. Group therapy for mothers with infanticidal impulses. American Journal of Psychiatry, 1964, 120, 882-886.

Description of group therapy, psychopathology of six women with infanticidal tendencies.

Ferguson, W. The reporting of child abuse. Bulletin of Menninger Clinic, 1964, 28, 269-270.

A report of the Kansas State Attorney General's opinion concerning the reporting of instances of child abuse by physicians. States that the physician has a duty to report suspected cases of child abuse and that such reports do not place the physician in danger of suit for defamation if he should be in error. Explains that in reporting the physician gives an opinion that a particular child is being mistreated, but accuses no one of the crime.

Ferguson, W. Battered child syndrome. Journal of the Kansas Medical Society, 1964, 65, 67-69.

An opinion of the Attorney General of Kansas on the Kansas State child abuse reporting law. Points out that many physicians feel that it is a violation of privileged communication to report suspected abuse, whereas it is against the state code of ethics not to report.

Finberg, L. A pediatrician's view of the abused child. Child Welfare, 1965, 44, 41-43.

Considers diagnostic advances in identifying deliberate trauma and incidence of such occurences, and lists six kinds of abuse that have resulted in serious consequences. Strongly advocates a protective social agency supported by public funds to investigate and follow up on cases of abuse.

Fiser, R., Kaplan, J., Holder, J. Congential syphilis mimicking the battered child syndrome. Clinical Pediatrics, 1972, 11, 305-307.

Describes a case in which bone lesions and other symptoms mimicked the battered child syndrome. Explains that, upon further diagnosis, however, the symptoms were recognized as the result of congenital symphilis.

Fisher, S. Skeletal manifestations of parent-induced trauma in infants and children. Southern Medical Journal, 1958, 51, 956-960.

Reports four case studies. Illustrations and X-rays.

Fleck, S. Child abuse. Connecticut Medicine, 1972, 36, 337.

An opinion that abused children are unwanted children. Urges pre-pregnancy parent training, abortion, and better preparation of youth to assume responsibility of parenthood.

Fleming, G. Cruelty to children. British Medical Journal, 1967, 2, 421-422.

A brief study of child abuse, its nature, and possible action which can be taken to protect children.

Flynn, W. Frontier justice: A contribution to the theory of child battery. American Journal of Psychiatry, 1970, 127, 375-379.

Review of two cases of abusive mothers with no history of being physically mistreated as children--normal in every respect of behavior except toward children they abused. Defence mechanisms described. Examines parental incapacity to learn from experience and appreciate inevitable consequences of actions. A suspicion that those defense mechanisms are implicated in many cases and a recommendation of psychonalysis to reduce dependence on mechanisms.

Fontana, V. An insidious and disturbing medical entity. Public Welfare, 1966, 24, 235-239.

A concise discussion of the nature, incidence, symptoms, recognition and prevention of "maltreatment syndrome" from a medical point of view. A study of the semantics of "maltreatment" and "battered child" syndromes. Summarizes reasons doctors don't report.

Fontana, V. Battered children. The New England Journal of Medicine, 1973, 289.

A short letter asking that physicians report child abuse, if not for the child's sake, for humanity's.

Fontana, V. Further reflections on maltreatment of children. New York State Journal of Medicine, 1968, 68, 2214-2215.

Renames the "battered child syndrome" the "Maltreatment syndrome." Claims that the latter term is more encompassing to include abuse and neglect. Discusses the scope of the problem and societal moves which inhibit effective treatment.

Fontana, V. When to suspect child abuse. Medical Times, 1973, 101, 116-120.

List the types of trauma associated with abuse. An outline of the physicians role in diagnosis when abuse is suspected.

Fontana, V., Richmond, S. Battered child syndrome and brain dysfunction. Journal of the American Medical Association, 1973, 223, 1390-1391.

Two letters discussing 1) possible link-up of minimal brain dysfunction and the child who gets abused because of his very provocative behavior, which results from MBD. Also speculates on possibility that the parents who abuse may in some cases also have MBD. 2) the state of the art among physicians in preventing and predicting abuse.

Fontana, V. Factors needed for prevention of child abuse and neglect. Pediatrics, 1970, 46, 318-319.

A call for strengthening of the interdisciplinary ties between professionals dealing with child abuse and for more adequate services to back up remediation efforts once the problem has been identified.

Fontana, V. The maltreated child: The maltreatment syndrome in children. Child Welfare, 1965, 44, 347-348.

A book generally adequate in presenting many facets of the maltreatment syndrome.

Fontana, V. The maltreatment syndrome in children. New England Journal of Medicine, 1963, 269, 1389-1394.

A report which presents case histories typical of the maltreated child and discusses the diagnostic and social problems encountered in this syndrome.

Fontana, V. The neglect and abuse of children. The New York State Journal of Medicine, 1964, 64, 215-224.

A complete paper of child abuse, covering both parent and child. Includes case studies of trauma and social responsibility along with proposed legislation to cover the child abuse problem.

Fontana, V. Physical abuse of children. Pediatrics, 1970, 45, 509-510.

An exchange of letters reflecting a definition of abuse involving social, psychological and legal, as well as medical, aspects.

Fontana, V. Recognition of maltreatment and prevention of the battered child syndrome. Pediatrics, 1965, 38, 1078.

Letter recommending more stringent reporting by physicians of early abuse as preventative of severe abuse.

Forer, L. Rights of children: The legal vacuum. American Bar Association Journal, 1969, 55, 1151-1156.

Inclusive review of issues concerning the rights of children. Concise summary. Reference source on general topic of child rights.

Foreman, L. Homemaker service in neglect and abuse - I. Strengthening family life. Children, 1965, 12, 23-26.

Details preventive approach to neglect and abuse, utilizing paraprofessional homemakers in homes seeking support.

Francis, H. Child health - points of concern. Public Health, 1967, 81, 245-248.

Points out that child health is an important concern and that neglect and abuse diagnosis is the responsibility of the physician.

Franklin, L. An exception to use of the physician-patient privilege in child abuse cases. University of Detroit Law Journal, 1964, 42, 88-94.

Outlines development in twenty-one states of laws restricting physician patient privilege of confidentiality in cases of suspected child abuse.

Fraser, B. Momma used to ship her...Compact, 1974, (Mar-Apr), 10-12.

Briefly reviews the history, incidence, and legalities of child abuse. Includes some suggestions to teachers and other community members.

Freeman, D., Brown, S. On the role of coenesthetic stimulation in the development of psychic structure. Psychoanalitic Quarterly, 1968, 37, 418-438.

A series of case studies concerning children virtually deprived of human contact from early infancy to seventeen years of age. Studies the effect on their behavior and development before human contact was established, and the results of the effort to establish human characteristics after contact was made.

Fulk, D. The battered child. Nursing Forum, 1964, 3, 10-26.

An article which points out that the battered child syndrome needs to be defined more clearly so that the responsibility of various protective agencies can be determined. Stresses that there is a need for legislation protecting the reporter of abuse.

Galdston, R. Observations on children who have been physically abused and their parents. American Journal of Psychiatry, 1965, 122, 440-443.

Summarizes observations gathered over a five year period on children identified as abused. Concludes abuse is symptom of social, family, and personal conflicts.

Galdston, R. Violence begins at home - The parent's center project for the study and prevention of child abuse. Journal of the American Academy of Child Psychiatry, 1971, 10, 336-350.

Describes the operation of a child care center designed to provide relief for abusing parents, which enables them to make changes in their beliefs and attitudes towards their children. Identifies some practical problems which occur in setting up a therapeutic center/program.

Galliher, K. Termination of the parent-child relationship: Should parental I.Q. be an important factor? Law and the Social Order, 1973, 1973, 855-879.

Refers to a recent Iowa Supreme Court decision, which placed primary stress upon parental I.Q. as a rationale for permanent deprivation. Examines the nature and reliability of I.Q. tests and concludes that I.Q. has no proper place in termination proceedings.

Ganley, P. The battered child: Logic in search of law. San Diego Law Review, 1971, 8, 364-403.

Comprehensive article defining the problems of identification and intervention in cases of physical and psychological battering. Points out that laws discourage rather than encourage reporting of child abuse incidents, and identifies reforms which may prove fruitful--including removal of abuse cases from criminal jurisdiction to conciliation courts.

Gans, B. Battered babies - how many do we miss? The Lancet, 1970, #7659, 1286-1287.

Uses a case study to illustrate how an abused child can be diagnosed, yet left in care of abusing parents because the juvenile court failed to act.

Gelles, R. Child abuse as psychopathology: A sociological critique and reformulation. American Journal of Orthopsychiatry, 1973, 43, 611-621.

Asserts that major deficiencies exist in view of child abuse as psychopathology, because there are a wide range of other variables which are causative. Suggests that a more dimensional approach to child abuse is possible by focusing on the sociological and contextual variables associated with abuse.

Gill, D. A sociocultural perspective on physical child abuse. Child Welfare, 1971, 50, 389-395.

Discusses the major findings of the author's nationwide study of child abuse. Focuses on the sanctioned use of force in child rearing as the basis of all physical abuse of children. Explains that a second determinant relates to differing attitudes toward the amount of physical force approved by different ethnic groups, while the third dimension is determined by environmental chance factors which transform "acceptable" disciplinary measures into unacceptable outcomes.

Gill, D. Physical abuse of children. Pediatrics, 1970, 45, 857-864.

A report on the nationwide survey on which the book "Violence Against Children" is based. Presents a great deal of demographic and statistical data. Concludes that child abuse is not as prevalent as the media coverage and attention it is receiving indicates.

Gil, D. A sociocultural perspective on physical child abuse. Child Welfare, 1971, 50, 389-395.

A broad study on a nationwide scale, conducted by Brandeis university, of physical child abuse. Stresses the sociological and cultural aspects of the phenomenon and makes five recommendations for long term reduction of physical child abuse through 1) family planning; 2) family life education; 3) neighboorhod based national health service; 4) neighborhood-based social services; and 5) a system of services to help families.

Gil, D. Violence against children. Journal of Marriage and the Family, 1971, 33, 637-648.

A report on a nationwide study of child abuse, using epidemiological, public opinion, and press surveys to attempt to understand the dimensions of the problem. Presents the scope of the phenomenon and selected findings from the surveys.

Gil, D. Violence against children. Pediatrics, 1972, 49, 641.

A response by Dr. David Gil to the criticism of his 1970 (Violence Against Children) publication which appeared in the book section of Pediatrics.

Gil, D. What schools can do about child abuse. American Education, 1969, 5, 2-5.

Outlines steps for involving school personnel in treatment and prevention of abuse. 1) self education, 2) understanding of parents, 3) close cooperation with agencies, (4) development of family life education programs, 5) treat exceptionalities which may bring on abuse, 6) abolition of corporal punishment in schools. Etiology discussed. Recommendations: 1) change of attitude toward physical force, 2) elimination of poverty, 3) delivery of more social and medical services, 4) delivery of serices on basis of constructure and therapeutic, not punitive philosophy. Includes table of important statistics which shows high relationship between exceptionality and abuse.

Gillespie, R. The battered child syndrome: Thermal and caustic manifestations. The Journal of Trauma, 1965, 5, 523-534.

Presents specific physical symptoms of battered children. Presents the frequency and demograph of these injuries and suggests protective measures.

Giovanni, J. Parental mistreatment: Perpetrators and victim. Journal of Marriage and the Family, 1971, 33, 649-657.

Report which holds that parental mistreatment of children is a result of noxious societal pressures which impinge on families. Contends that among low-income families several factors inherent in the status of poor people, including the direct stresses of poverty and structural deficits in their relationship to community systems of support, are particularly prevalent among mistreating families.

Goode, W. Force and violence in the family. Journal of Marriage and the Family, 1971, 33, 624-636.

Contains generalizations about social conditions of families and behavioral uses of force - physical and otherwise - in maintaining control. Analysis of violence-producing dynamics. Considers abuse to be not so much a result of social pressure as of prior socialization in which abusing parents were deprived of motherliness and tenderness of their parents. Explains dynamics of "role-reversal".

Gorham, C. Not only the stranger--A study of the problem of child molestation in San Diego, California. Journal of School Health, 1966, 36, 341-345.

Summary of sexual molestation problem. California law quoted. Suggestions to teachers and others for protection of children. Also considers molestation by parents and other family members.

Gornall, P., Ahmed, S., Jolleys, A., Cohen, S. Intra-abdominal injuries in the battered baby syndrome. Archives of Disease in Childhood, 1972, 47, 211-217.

Case histories of six battered children, all of whom presented lesions and histories of abuse. Explained that epigastric and small intestine injuries were most common and that delay in referral contributed to death in two cases.

Grantmyre, E. Trauma X-Wednesday's child. The Nova Scotia Medical Bulletin, 1973, 52, 29-31.

Brief review of history of battered child syndrome. Suggests need for less sensational term. Lists criteria for suspecting cases of abuse.

Gray, J. Hospital-based battered child team. Hospitals, 1973, 47, 50-52.

A team approach detailing the specific roles and types of involvement necessary if individual abuse cases are to be successfully handled.

Green, A. Self-destructive behavior in physically abused schizophrenic children. Archives of General Psychiatry, 1968, 19, 171-179.

A study of the apparent relationship between self-multilation and early history of physical child abuse.

Green, D. Parent and child - child beating - recent legislation requiring reporting of physical abuse. Oregon Law Review, 1966, 45, 114-123.

Gives reasons for early (1960's) difficulties in diagnosing, reporting and proving physical abuse. Evolution of reporting laws in Oregon. Contains concise summary of issues and difficulties of finding, reporting, and treating physical abuse.

Green, K. The abused child. Maryland State Medical Journal, 1966, 15, 47-49.

Reemphasizes the need of the medical community to be continually alert to the possibility of abuse when treating trauma in children. Provides a short review of radiological findings which are highly correlated with abusive injuries.

Green, K. Diagnosing the battered child syndrome. Maryland State Medical Journal, 1965, 14, 83-84.

Brief description of the battered child, including some demographic and incidence data, along with an abbreviated diagnostic scheme for assessing whether an injury is caused by abuse.

Greengard, J. The battered child syndrome. Medical Science, 1964, 15, 82-91.

A study (with ten black and white glossy X-rays, with circles and arrows, and a paragraph on the back of each one telling what its abuse is all about) of the essentially non-white ghetto child who has been abused or traumatized, accidentally or intentionally, by parental misuse. Centering on skeletal trauma in all aspects and commenting on social problems in latter paragraphs of the article.

Gregg, G. Infant trauma. American Family Physician, 1971, 3, 101-105.

Discusses "active" and "passive" accidents, accidents with furniture and equipment. Describes injuries associated with child abuse, extended diagnosis. Emphasizes need for parental knowledge of child development and child care. Gives information on reporting and follow-up.

Gregg, G. Physician, child-abuse reporting laws, and injured child-psychosocial anatomy of childhood trauma. Clinical Pediatrics, 1968, 7, 720-725.

Suggestions to physician for acting on suspected cases of child abuse. Contains diagnostic checklist.

Griffiths, D., Moynihan, F. Multiple epiphysial injuries in babies ("battered baby syndrome"). British Medical Journal, 1963, 5372, 1558-1561.

Four medical case studies of long bone injuries in babies caused by abuse with stress on the use of full skeletal X-rays in diagnosis.

Guandolo, V., Silver, L., Barton, W., Murphy, T., Rubin, J., Avery, G. Grand rounds: The battered child syndrome. Clinical Proceedings, 1967, 23, 139-160.

A transcript of proceedings presented at Children's Hospital in 1965, with a discussion of the legal-socio-medical aspects and their inter-relationship by the panel on a question and answer format.

Guarnaschelli, J., Lee, J., Pitts, F. "Fallen fontanelle" (Caida de moller) A variant of the battered child syndrome. Journal of the American Medical Association, 1972, 222, 1545-1546.

Describes a folk cure for fallen fontanelle which produces subdural hematoma. Questions if there are not, perhaps, many more unrecognized cases.

Guthkelch, A. Infantile subdural hematoma and its relationship to whiplash injuries. British Medical Journal, 1971, 2, 430-431.

Presents whiplash as a common cause of subdural hematoma in infants who are abused. Explains that no external trauma is evident in these cases and physicians are urged to be aware of shaking as well as battering as a medium of abuse.

Gwinn, J., Lewin, K., Peterson, H. Roentgenographic manifestations of unsuspected trauma in infancy. Journal of the American Medical Association, 1961, 176, 926-929.

Details the characteristics found when X-ray diagnosis of abused children is made, and describes associated injuries to soft tissue structures.

Hall, M. The right to live. Nursing Outlook, 1967, 15, 63-65.

Presents characteristics of abused children and abusing parents. Urges training and increased involvement in protective efforts by nursing professionals.

Haller, J., Talbert, J. Trauma workshop report: Trauma in children. The Journal of Trauma, 1973, 10, 1052-1054.

Discusses the fact that trauma is the most prevalent cause of death in children. Points out ways in which children react to multiple trauma which is different from the adult. Calls for more specialized capability in treatment of trauma in children.

Hamlin, H. Subgaleal hematoma caused by hair-pull. Journal of the American Medical Association, 1968, 204, 129.

Reports that subgaleal hematoma is a clue to child abuse, and that without evidence of other causes, it should be regarded as the result of child abuse.

Hammell, C. Preserving family life for children. Child Welfare, 1969, 591-594.

An article which focuses on the need to help abusing parents and assumes a goal of maintaining families intact.

Hansen, R. Child abuse legislation and the interdisciplinary approach. American Bar Association Journal, 1966, 52, 734-736.

A brief summary of the Nebraska reporting law, rationale, immunity, privileged communication, who makes and who receives reports, and the need for therapy.

Hansen, R. Doctors, lawyers, and the battered child law. The Journal of Trauma, 1965, 5, 826-830.

A study of the development of child abuse laws and incidence of abuse. Sees further legislation as necessary to a legitimate approach to abuse.

Hansen, R. Legal implications of the battered child syndrome. Nebraska State Medical Journal, 1965, 50, 595-597.

A report to a professional meeting which traces the history of Nebraska's reporting statutes.

Hansen, R. Suggested guidelines for child abuse laws. Journal of Family Law, 1967, 7, 61-91.

Part I: Guidelines: Waiver of doctor-patient privilege, central reporting (intra-state and interstate), second occurrence madatory separation, direction and provision of financial means to focus on family and community resources, direction of proper disciplines to make necessary studies, funds to be made available to insure involvement and payment of agencies, exceedingly close supervision, invocation of res ipsa loquitur.

Part II: Stresses that court's responsibility does not end, but begins with decision. Describes one type of temporary and two types of permanent separation (termination). Reviews statutes of various states. Need for reduction of amount of time children are wards of state. Courts: A broad discretion of juvenile court prerogative rather than distinction between parental and children's rights is the general rule, "in the best interests of the child". Termination: Legislation calls for stricter requirements for a finding of neglect justifying termination, and greater flexibility in considering temporary neglect orders. Trend in judgement is toward "best interests of the child" the rights of a child are more important than the rights of the parents to custody.

Harcourt, B., Hopkins, D. Ophthalmic manifestations of the battered baby syndrome. British Medical Journal, 1971, 3, 398-401.

Discusses eleven battered children with oculor damage and emphasizes the importance of ophthalmic exam in diagnosis.

Hart, W. The law concerning abuse of children. Journal of the South Carolina Medical Association, 1965, 61, 391.

A copy of the South Carolina law, as of February 1965.

Hass, L. Injured baby. British Medical Journal, 1965, 2, 645.

Contends that the incidence of deliberately inflicted trauma is three times that of birth traumas.

Hawkes, C. Cranicerebral trauma in infancy and childhood. Clinical Neurosurgery, 1964, 11, 66-75.

A very technical article describing the clinical manifestations of craniocerebral trauma. Physicians exhorted to protect the child and report to appropriate authorities.

Helfer, R. A plan for protection: The child-abuse center. Child Welfare, 1970, 49, 486-494.

Outlines a family center approach to a therapeutic program in cases of child abuse. Proposes the establishment of a center for study and care of abused children.

Helfer, R., Pollock, C. The battered child syndrome. Advances in Pediatrics, 1968, 15, 9-27.

Study in which the solution to the battered child problem is seen as multidisciplinary. Presents suggestions for awareness of the problem and methods of reporting for physicians, police, social workers, attorneys, etc.

Helfer, R. Physical abuse of children. Pediatrics, 1970, 46, 651-652.

An exchange of letters, wherein Helfer argues for continued research into understanding of child abuse, while Gil expresses concern that additional research will be used as an excuse for not acting now on the knowledge already available.

Helfer, R. What to do when the evidence hardens. Medical Times, 1973, 101, 127-128.

An outline of the hospital's responsibility in identification of child abuse, and suggested approach to obtaining data from abusing parents.

Hendriksen, D. Battered child: Florid'a mandatory reporting statute. University of Florida Law Review, 1965, 18, 503-511.

A report which suggests that reporting be legislated to child welfare agencies at the state or local level rather than to law enforcement agencies.

Hepworth, P. Looking at baby battering: Its detection and treatment. Canadian Welfare, 1973, 49, 13-15, 25.

Explains that regardless of precautions, battering will always be with us and that the problem lies in identifying these families early and effecting appropriate treatment.

Herre, E. Aggressive casework in a protective services unit. Social Casework, 1965, 46, 358-362.

Describes the organization and functions of a protective services agency in some detail. Lists the financial and psychological benefits to society of children who are left in their homes as opposed to foster placement.

Hessel, S., Rowe, D. Rights of parents and children. The New England Journal of Medicine, 1970, 283, 156-157.

Letter to the editor of New England Journal expressing concern over Yale University Hospital's DART program and its method of record keeping of abused children. Response by Rowe, one of the authors of the DART program.

Hick, J. Sudden infant death syndrome and child abuse. Pediatrics, 1973, 52, 147-148.

An exchange of letters between John F. Hick, M.D. and Alfred Steinschneider, M.D., Ph.D. to the editors of Pediatrics. A controversial and somewhat technical exchange surrounding the difficulty in diagnosing child abuse. Provides practical evidence of the problems associated in conceptualizing the phenomenon of child abuse. Includes a description by Steinschneider of two siblings who died from "sudden infant death syndrome" (Pediatrics, 1972, 50, 646) and a review by Hicks, who felt that possibility of child abuse should have been considered and preventative measures taken. Presents Dr. Steinschneider's defense of his actions on the basis of the information available to him.

Hiller, H. Battered or not--a reappraisal of metaphyseal fragiligy. American Journal of Roentgenology, Radium Therapy and Nuclear Medicine, 1972, 114, 241-246.

A case against Caffey's theory that metaphyseal fractures are conclusive evidence that a child has been abused.

Hogan, M. The eye of the "battered child". Archives of Opthalmology, 1972, 72, 231-233.

A case of a traumatic retinal detachment which was probably bilateral in a seven-month old infant who had been battered. States that this condition should be considered a possibility in the differential diagnosis of retinoblastoma.

Holter, J., Friedman, S. Child abuse: Early case finding in the emergency department. Pediatrics, 1968, 42, 128-138.

A longitudinal study of children under six years of age admitted into emergency rooms for trauma. Estimates that 10% of these children were injured as a result of abuse. Suggests preventive measures.

Holter, J., Friedman, S. Etiology and management of severely burned children. American Journal of Disease of Children, 1969, 118, 680-686.

A study of thirteen cases of severely burned children, studied from the psychological and social point of view. Contends that, gross emotional disturbances within the family units appeared to have propelled the children into tragic situations resulting in severe burning. Includes suggestions for medical and paramedical staffs working with these children.

Holter, J., Friedman, S. Principles of Management in child abuse cases. American Journal of Orthopsychiatry, 1968, 38, 127-135.

Describes hospital team approach. Contains description of homemaker role.

Hopkins, J. The nurse and the abused child. Nursing Clinics of North America, 1970, 5, 2-8.

Article which presents the challenge to the nursing profession in their reslationship with the parents of the abused child. Discusses the background and characteristics of the abusing parent and suggests treatment of the abusive parent.

Hoshino, G., Yoder, G. Administrative discretion in the implementation of child abuse legislation. Child Welfare, 1973, 52, 414-424.

Investigates county administration's response to child abuse legislation and reporting of abuse to law enforcement. Administration regulations are preferred over legislative mandates when these mandates interfere with effecting treatment.

Hudson, P. The doctor's handy guide to chronic child abuse. The Journal of the Medical Society of New Jersey, 1973, 70, 851-852.

A quick look at the most noticeable outward signs of child abuse in both child and parent.

Hudson, P. How to set up a no-budget battered child program. The Journal of the Mecical Society of New Jersey, 1973, 70, 441-442.

An outline of actions taken to start a program of legal protection of abused children where money was not present.

Hyman, C. I.Q. of parents of battered babies. British Medical Journal, 1973, 4, 739.

Letter to editor warning of inherent dangers of using intelligence scores as determinants of parental ability.

Ireland, W. A registry on child abuse. Children, 1966, 13, 113-155.

Brief review of the Illinois registry. Describes establishment process, types of cases, types of demographic information required, the use of information and the distribution of types of abuse and neglect recorded.

The intricacies of violence against children in American society. Clinical Pediatrics, 1971, 10, 557-558.

A brief recap of some of the significant findings of a nationwide survey. Discusses incidence, characteristics of abusers and the conditions underwhich abuse takes place.

Isaacs, S. Neglect, cruelty, and battering. British Medical Journal, 1972, 3, 224-226.

A discussion of the personality of the abusing parent and the type of therapeutic intervention.

Isaacs, S. Physical ill-treatment of children. The Lancet, 1968, 1, 37-39.

Concerned with the importance of the psychiatric approach to cases of child abuse. Discusses selected cases, in 22 out of 699 families seen in a child psychiatry department in a three year period.

Jackson, G. Child abuse syndrome: The cases we miss. British Medical Journal, 1972, 2, 756-757.

Review of one hundred cases of physical injury to children. eighteen of which are shown to be misdiagnosed cases of child abuse. Suggests that diagnostic procedures be reviewed.

James, J. Jr. Child neglect and abuse. Maryland State Medical Journal, 1972, 21, 64-65.

A brief definition of abused/neglected children, with a discussion of reporting procedures.

Johnson, B., Morse, H. Injured children and their parents. Children, 1968, 15, 147-152.

Article discussing causative factors in physical abuse and neglect. Noted child factors of unruliness, hyperactivity and toilet training problems, and parental factors of abusive backgrounds as children, marital strife, and economic pressures.

Johnson, T., Holder, A. Child abuse and the physician. Journal of the American Medical Association, 1972, 222, 517-518.

Points out that denial of medical care is considered abuse. Discusses religious objections and presumption of abuse. Describes medical-legal cases.

Jones, H., Davis, J. Multiple traumatic lesions of the infant skeleton. Stanford Medical Bulletin, 1957, 15, 259-273.

Emphasizes types of trauma, stages of healing and lack of case histories as being typical of abuse.

Joyce, W., Haynes, E., Gardner, T. Principal's problem--The child molested at home. Instructor, 1970, 79, 35.

Panel discussion which underscores the school's reluctance to get involved.

Kempe, C., Silver, H. The problem of parental criminal neglect and severe physical abuse of children. American Journal of Diseases of Children, 1959, 98, 528.

Refers to study of criminal neglect and severe assault. Indicates that physicians must be aware of the problem and that failure to cope realistically cases leads to severe injury or death in subsequent abuse incidents.

Kempe, C., Silverman, F., Steele, B., Droegemueller, W., Silver, H. The battered child syndrome. The Journal of the American Medical Association, 1962, 181, 17-24.

An account of the battered child cyndrome from a medical point of view with consideration given to incidence, clinical manifestations, and psychiatric aspects of the problem.

Kim, T., & Jenkins, M. Pseudocyst of the pancreas as a manifestation of the battered child syndrome. Medical Annals of the District of Columbia, 1967, 36(11), 664-666.

Describes 3 year old boy with a rare pseudocyst of the pancreas due to abuse. Discusses clinical features and X-ray diagnosis and presents an outline of guidelines for handling abuse cases.

Klein, M. & Stern, L. Low birth weight and the battered child syndrome. American Journal of Diseases of Children, 1971, 122, 15-18.

Suggests possible factors of child abuse, maternal deprivation, mental retardation or other medical conditions, enforced maternal-child relationships such as premarital and out-of-wedlock conception. Relates prematurity and low birth-rate to abuse and neglect. Includes one case study. Reports data on 51 cases.

Komisaruk, R. Clinical evaluation of child abuse - scarred families; A preliminary report. Juvenile Court Judges Journal, 1966, 17, 66-70.

A general description of a study conducted in Wayne County (Michigan) regarding child abuse. Details some clinical data along with some general observations relative to abusive parents. Briefly examines hypotheses on the nature of abusive parents, along with management techniques and a criteria for making the decision of when or when not to return a child to an abusive parent.

Krywulak, W., Elias, J. The physically abused child. Manitoba Medical Review, 1967, 47, 472-475.

A brief discussion of the problem of child abuse in Manitoba, followed by an outline of existing laws.

Kunstadter, R., Singer, M., Steinberg, R. The "battered child" and the celiac syndrome. Illinois Medical Journal, 1967, 132, 267-272.

A case study of a child suffering from malnutrition, abnormal stools and distorded abdomen. Discusses the relationship between neglect and celiac symptoms.

Leaverton, D. The pediatrician's role in maternal deprivation - illustrative cases and an approach to early recognition. Clinical Pediatrics, 1968, 7(6), 340-343.

Illustrates deprivation with three case histories. Considers maternal deprivation to be different from abuse or neglect. Identifies factors common to each case.

Leavitt, J. The battered child. Instructor, 1966, 75, 50.

Calls attention to the widespread practices of child abuse in the context that thousands of battered children are coming to school each year and that educators need to understand the problems faced by these children and their parents.

LeBourdias, E. Look again . . . Is it accident or abuse? Canadian Hospital, 1972, 49, 26-28.

Surveys demography and incidence of abuse and suggests increased awareness and increased reporting.

Legislation as protection for the battered child. Villanova Law Review, 1965, 12, 313-325.

Reviews the medical aspects of the battered child syndrome briefly, then discusses the legislative efforts in the states to protect the battered child. Focuses on reporting laws and doctor-patient privilege waivers.

Legislative efforts to control child abuse in Washington. Washington Law Review, 1965, 40, 916.

Discusses the Washington State statutes on child abuse and presents some serious shortcomings which make effective prevention difficult. Suggests some alternatives.

Leibsker, D. Privileged communications - abrogation of the physician-patient privilege to protect the battered child. DePaul Law Review, 1966, 15, 453-461.

Explains that legislation detailing mandatory reporting, immunity and abrogation of physician-patient privilege has not spelled out who must report or to whom. Discusses proposed legislation which involves teachers and social service workers more formally.

Leikin, S., Guin, G. Clinical pathological conference: the battered child syndrome. Clinical Proceedings of Children's Hospital, 1963, 19, 301-306.

Discussion of a single case of child abuse, in technical medical terms in which the child died as a result of severe physical trauma.

Leivesley, S. The maltreated child - A cause for concern. The Medical Journal of Australia, 1972, 1, 935-936.

A short, inclusive article, on the problem of child abuse.

Lesermann, S. There is a murderer in my waiting room. Medical Economics, 1964, 41(17), 62-71.

Narrative account of a doctor who diagnosed a serious case of child neglect and battering but was powerless to prevent the murder of the child, even though he was certain it would occur.

Levine, A. Child neglect: Reaching the parent. The Social and Rehabilitation Record, 1974, 1(7), 26-33.

A description of the types of personalities observed most frequently among neglectful mothers. Includes suggestions for social workers in handling neglectful parents. Discusses implications for research, prevention before the fact, and treatment after the fact.

Levine, L. The solution of a battered child homicide by dental evidence: report of case. Journal of American Dentistry Association, 1973, 87, 1234-1236.

Report on the solution of a battered child homicide by use of dental evidence.

Lewis, H. Parental and community neglect: Twin responsibilities of protective services. Children, 1969, 16(3), 114-118.

Contends that communities as well as individuals are self-deceptive about reality and the seriousness of their neglect of children. Compares community neglect with parental neglect. Describes high visibility and low visibility neglect. Explains that parental and community neglect feed on each other. Calls for communities to face up to weaknesses: (1) case finding procedures, (2) professional oversights, (3) uneven geographic distribution of neglect prone families (4) uneven distribution of neighborhood facilities and services.

Libai, D. Protection of the child victim of a sexual offence in the criminal justice system. Wayne Law Review, 1969, 15, 977.

Article investigating the process of criminal justice as it relates to child victims. Suggests that special officers be involved in interrogations of child victims because of the psychological effects of such a traumatic situation. Includes some discussion of psychological injury attendant to sexual assults and makes several suggestions to safeguard the victims and accused's rights in a courtroom setting.

Light, R. Abused and neglected children in America: A study of alternative policies. Harvard Educational Review, 1973, 43, 556-598.

Article which stresses three themes: (1) more data exists on child abuse than have been carefully studied: (2) the policy suggestions that have been offered have rarely been developed from existing data; (3) it is possible, in advance of implementation, to predict whether a social policy is likely to work. Addresses, in some detail, the problem of establishing the incidence of child abuse. Proposes a formula for establishing incidence which is based on Gils nationwide survey. Contends that it would be a grave mistake to formulate a policy on child abuse without knowing the true incidence. Following the discussion of incidence, calls for experimentation with educational curricula on child rearing.

Lukianowicz, N. Battered children. Psychiatric Clinics, 1971, 4, 257-280.

An analysis of parent personalities and characteristics of 18 abused children. Includes a comparison with the findings of existing literature and a discussion of treatment of abusers.

Lukianowicz, N. Parental maltreatment of children. British Journal of Social Psychiatry, 1969, 3, 189-195.

Discusses incidence and classification of abuse. Proposes a conceptualization of the families and makes suggestions for prevention.

Malone, C. Safety first: Comments on the influence of external danger in the lives of children of disorganized families. American Journal of Orthopsychiatry, 1966, 39, 3-12.

Descriptive findings on the psychological characteristics and developmental problems of a group of 21 preschool children who were raised in homes where external danger from parents (abuse) was present.

Marer, J. Development of the law of "the battered child syndrome." Nebraska Science and Medical Journal, 1966, 51, 368-372.

A report of the findings of a study by the American Humane Association, wherein 662 instances of child abuse are analyzed as to characteristics of the abuse and abuser and case disposition. Gives relevant demographic data and a description of the origin and content of the Nebraska State law.

Martin, D. The growing horror of child abuse and the undeniable role of

the schools in putting an end to it. American School Board Journal, 1973, 160, 51-55.

A discussion of the incidence and typology of physical abuse with an outline of current reporting statutes and an encouragement to educators to become aware of and actively involved with abused children via the reporting channels.

Martin, H. Antecedents of burns and scalds in children. British Journal of Medicine Psychology, 1970, 43, 39-47.

A report on the nature of the psychological environments of 50 children who sustained thermal injuries. Concerned with specific determinants of these accidents, with reference to the nature of interactions between the child and various members of the family. Subjects clinical findings to statistical analysis where possible.

Medical management of child abuse. The Journal of the Medical Society of New Jersey, 1972, 69(6), 551-553.

An article addressed to physicians in New Jersey, alerting them to their "moral, professional, and legal responsibilities" in the area of child abuse. Reviews the problems and characteristics of abused children along with diagnostic procedures. Presents New Jersey law concerning who must report and to whom reports are made.

Melnick, B., Hurley, J. Distinctive personality attributes of child abusing mothers. Journal of Consulting Clinical Psychology, 1969, 33, 746,749.

Comparison of 10 abusing mothers with 10 non-abusing mothers.

Michael, M. Follow-up study of abused children reported from University Hospital. Journal of Iowa Medical Society, 1972, 62, 235-237.

A report by University of Iowa Hospital on socio-economic factors in families who were reported for suspected abuse from 1965-1969. Includes seven recommendations, involving need for follow-up reports to the court, family planing, need for central registry, complete reporting, family life education and additional study.

Miller, D. Fractures among children: I. Parental assult as causative agent; Minnesota Medicine, 1959, 42(9), 1209-1213.

Several cases of fractures in children with parental assult as probable causative agent. Mentions incidence of abuse and urges physicians to consider parental assult as a possible cause of fracture in many cases.

Miller, D. Fractures among children. II. Some practical principles of treatment of common fractures. Minnesota Medicine, 1959, 42(10), 1414,-1425.

Describes types of fractures and appropriate treatment.

Miller, M. Community action and child abuse. Nursing Outlook, 1969, 17, 44-46.

An article in which baccalaureate students describe how they initiated a community project to alleviate child abuse. No presentation of results.

Miller, N., Fay, H. J. Emergency child care service: The evaluation of a project. Child Welfare, 1969, 48(8), 496-499.

Report of a project in Springfiled, Mass. to meet the needs of children abandoned or neglected during hours when most social welfare agencies were closed (holidays, nights, and weekends). Explains that homemakers were used extensively and that children were removed from their homes only when no alternative existed.

Milowe, I., Lourie, R. The child's role in the battered child syndrome. The Journal of Pediatrics, 1964, 65, 1079-1081.

A discussion of the contributions which some children seem to make in the etiology of child battering in the context of a classification of abusive parents into 4 categories.

Mintz, A. Battered child syndrome. Texas State Journal of Medicine, 1964, 60, 107-108.

Gives partial definition.

Mitchell, B. Working with abusive parents. American Journal of Nursing, 1973 73, 480-482.

A narrative account of a case worker's obligation to the battered child. Suggests that low socio-econic status of parents contributes to abuse, because of a lack of alternatives for self-fulfillment.

Moore, J. Reporting of child abuse. Journal of Medical Association of Georgia, 1966, 55, 328-329.

Discussion of Georgia's child abuse reporting statue as it affects physicians.

More on the battered child. (editorial) The New England Journal of Medicine, 1964, 269(26), 1437.

An expression of concern for reporting of battered children, noting need for laws to protect and assist any physician and family in need of help.

Morris, M., Gould, A., & Matthews, P. Toward prevention of child abuse. Children, 11(2), 55-60.

Based on experiences of the social services department in a Philadelphia hospital. A description of three broad classifications of abusing parents, which compares and contrasts the parent-child interaction observed between abusing and non-abusing parents. Several case examples included.

Morse, C., Sahler, O., & Friedman, S. A three year follow-up study of abused and neglected children. American Journal of Diseases of Children, 1970, 120, 439-446.

A study of twenty-five children, approximately 3 years after their hospitalization for injuries or illnesses judged to be caused by abuse. An assessment of intellectual, emotional, social, and motor development which disclosed that 70% of the children were outside of normal range, though it is not certain whether the disabilities preceded or followed the abuse.

Murdock, C. The abused child and the school system. American and Public Health, 1970, 60, 105-109.

A brief discussion of the historical aspects of early child labor laws, followed by a description of how guidelines for legislation were developed. Gives the results of a mandatory school reporting program. Underscores the value of educators in identifying abuse cases.

Mushin, A., Morgan, G. Ocular injury in the battered baby syndrome. British Journal of Ophthalmology, 1971, 55, 343-347.

Presents the clinical and pathological features of a case of two eyes which required removal because of severe injury following parental abuse. Discusses similarity with Coats' disease. Photographs included.

Mushin, A. Ocular damage in the battered-baby syndrome. British Medical Journal, 1971, 3, 402-404.

A discussion of twelve battered children who have suffered permanent visual impairment as a result of abuse. Includes a recommendation by the author that, though ocular damage is not generally associated with abuse, this option be considered more often.

McCloskey, K. Torts: Parental liability to a minor child for injuries caused by excessive punishment. Hastings Law Journal, 1960, 11, 335-340.

Considers the doctrine of immunity, as evidenced in various court cases - pros and cons.

McCoid, A. The battered child and other assaults upon the family. Minnesota Law Review, 1965, 50(1), 1-58.

Extensive legal review identifying existing statues relating to identification and reporting of cases of child abuse. Identifies legal, medical, and social service responsibilities in reporting and intervention. Discusses problems in reporting, including reluctance, vague statutory language, social taboos, and suggested guidelines for immunity and other tools to increase reporting.

McCort, J. Vaudagna, J. Visceral injuries in battered children. Radiology, 1964, 82, 424-428.

Presents case studies of ten children with unexplained visceral trauma where abuse was suspected. States that four of the ten died, emphasizing the seriousness of visceral trauma in the battered-child syndrome. Explains that evidence of abuse and neglect was found in six of the ten patients as manifested by poor nutrition, contusions, brain damage, and/or multiple skeletal fractures.

McRae, K., Ferguson, C., Lederman, R. The battered child syndrome. Canadian Medical Association Journal, 1973, 108, 859-866.

Presents the experience of the Children's Hospital of Winnipeg, with statistical data on 132 children. Includes follow-up study on a group of abused children with suggestions for prevention.

Nazzaro, J. Child abuse and neglect. Exceptional Children, 1974, 40, 351-354.

A general article reporting NEW definition of child abuse, requirement for reporting abuse, increases in numbers of cases reported in some states, need for education and emphasizing recognition of family stress as a causative factor. A clarification of the role of the federal government in identification, intervention and rehabilitation. Quotes statements from D. G. Die and S. G. Thomas before the Senate Sub Committee on children and youth and Select Sub Committee on Education (Senate and House respectively).

Newberger, E. Book review: Violence Against Children, by David Gil. Pediatrics, 1971, 48, 688-690.

A critique of Gil's (1970) monograph. Highly critical of Gil's treatment of child abuse, specifically citing the format and methodology employed by Gil from which he drew macrospective conclusions on the cause, nature, and incidence of child abuse.

Newberger, E., Hagenbuch, J., Eberling, N., Colligan, E., Sheehan, J., & McVeigh, S. Reducing the literal and human cost of child abuse: Impact of a new hospital management system. Pediatrics, 1973, 51, 840-848.

A report of the effectiveness of a team approach to reducing the actual cost of medical service and the risk of reinjury subsequent to the diagnosis of child abuse.

Nichamin, S. Battered child syndrome and brain dysfunction. Journal of American Medical Association, 1973, 223(12), 1390.

A consideration of minimal brain dysfunction in children and and parents as a possible causative factor in the behavior problems of both child and parent which precipitates abuse.

Nixon, H., Court, S. Non-accidental injury in children. British Medical Journal, 1973, 4, 656-660.

Describes a management plan for handling cases of child abuse which will improve interagency cooperation.

Nomura, F. The battered child "syndrome" - a review. Hawaii Medical Journal, 1966, 25, 387-394.

A review of the 1966 status of the child abuse problem. Discusses history, incidence, etiology, clinical manifestations, diagnosis, management, protective action, treatment of parents and legislation. Contains comparative list of abusing vs. non-abusing parents and children.

Non-accidental injury to children. British Medical Journal, 1973, 4, 96-97.

A series of recommendations presented by a Study Group on child abuse to the United Kingdom with the hope the recommendations would be implemented.

Nordstrom, J. Child abuse: A school district's response to its responsibility. Child Welfare, 1974, 53, 257-260.

Report of one school district's effort at organized response to child abuse reporting and child advocacy. Resulted in increased awareness of child abuse and accelerated reporting of suspected cases.

Nyden P. The use of authority. Public Welfare, 1966, 24(3), 239-245.

A comprehensive, cogent treatment of the issues involved in child protection. Outlines agency responsibility.

Oettinger, K. The abused child. Childhood Education, 1964-64, 41, 235-237.

Brief review of issues and a call to communities to remedy the problem.

Oettinger, K. The facts behind battered-child laws. Medical Economics, 1964, 41(17), 71-75.

Examines whether it is realistic to expect the child abuse laws to protect children from abusive parents.

Oliver, J., Cox, J. A family kindred with ill-used children: The burden on the community. British Journal of Psychiatry, 1973, 123, 81-90.

Description of a family pedigree, in which three generations were subjected to abuse and neglect as children. Shows that child abuse victims are likely to become abusers.

Oliver, J., Taylor, A. Five generations of ill-treated children in one family pedigree. British Journal of Psychiatry, 1971, 119, 473-480.

Detailed description of a family of five generations of ill-treated children. Representative of a number of other such families. Attempts to show that the generational effect of child abuse is much more serious than much of the current literature implies.

O'Neill, J. Deliberate childhood trauma: surgical perspectives. Journal of Trauma, 1973, 13(4), 399-400.

An editorial response to specific child abuse articles which encourages surgical recognition and reporting by surgeons of battering injuries.

O'Neill, J., Meacham, W., Griffin, P., Sawyers, J. Patterns of injury in the battered child syndrome. The Journal of Trauma, 1973, 13(4), 332-339.

Presents patterns of physical injuries and their psychological concommitants. Outlines most commonly encountered trauma, with the suggestion that early detection and treatment of the syndrome may prevent death in many cases.

Oregon's child abuse legislation: Some additional proposals. Willamette Law Journal, 1968, 5, 131.

Presents a synopsis of Oregon's child abuse law and a discussion of what brought it about. Draws some comparisons and parallels with the statutes of other states and makes recommendations for modifications in the Oregon statues.

Ott, J. Neglected or physical abused children. The Journal of the South Carolina Medical Association, 1964, 60(10), 309-315.

Discusses clinical manifestations of child neglect through starvation or physical abuse and presents the social, psychiatric, legal and medical implications.

Parent-child tort immunity: A rule in need of change. University of Missouri Law Review, 1972, 27, 191-207.

Develops the concept that parental immunity from prosecution by the child grows out of societal conditions in which, without the family, a child would perish. Explains that such a situation no longer exists and the immunity laws have become similarly outdated.

Parry, W., Seymour, M., Smith, S. Child abuse syndrome. British Medical Journal, 1972, 3, 113-114.

Letters commenting on article of Dr. Graham Jackson in British Medical Journal (24 June, 1972, p. 756.)

Pasamanick, B. A child is being beaten. American Journal of Orthopsychiatry, 1971, 41, 540-556.

Presidential address of the American Orthopsychiatric Association. Sociopolitical address. Opinions presented concerning the problems of malnutrition and hunger and the attitudes necessary to solve them. Includes some passages relevant to research on the effects of neglect (malnutrition) on development of children.

Patterson, P., Char, D. Child abuse in Hawaii. Hawaii Medical Journal, 1966, 25, 395-397.

Survey of physicians in Hawaii, 1965, concerning the reporting or nonreporting of child abuse cases by physicians.

Paul, S. Recognition of the entity the battered child syndrome in India. Indian Journal of Pediatrics, 1972, 39, 58-62.

Explains that the incidence of child abuse in India is assumed to be high, but no legislation or reporting techniques exist. Suggests that legislation modeled upon U.S. practices be implemented.

Paull, D. Lawrence, R., Schimel, B. A new approach to reporting child abuse. Hospitals, 1967, 41, 62-64.

Report of a procedure employed by Milwaukee's Childrens Hospital to handle cases of suspected abuse through the use of a child abuse committee comprising social, psychiatric, medical and administrative personnel.

Paulsen, M. Child abuse reporting laws: The shape of the legislation. Columbia Law Review, 1967, 67, 1-49.

Concerned with legislative models dealing with child abuse and various state laws dealing with the problem. Concludes that, "No law can be better than its implementation, and its implementation can be no better than the resources permit."

Paulsen, M., Parker, G., Adelman, L. Child abuse reporting laws - Some legislative history. The George Washington Law Review, 1966, 34, 482-506.

A non-technical, amply footnoted, comprehensive article which traces the chronology of abuse reporting laws.

Paulsen, M. The legal framework for child protection. Columbia Law Review, 1966, 66, 679-717.

Focuses on the concept that child abuse statutes must be placed within an existing framework of law. States that criminal codes in existance, for example, are capable of handling any criminal prosecutions which might be required as a result of child abuse. Explains that the biggest problem is finding the cases where protective intervention is necessary and, in this regard, reporting laws which are effective. Discusses, finally, the need for effective treatment once an abused child has been identified. A presentation of these major points, using case examples and some historical legal perspectives relative to parent-child relationships.

Paulsen, M. Legal protection against child abuse. Children, 1966, 13, 43-48.

A survey of statutory reporting and preventive laws which suggests more emphasis be placed upon protective services which are under satutory control.

Paulson, N., Blake, P. The physically abused child: Focus on Prevention. Child Welfare, 1969, 48, 86-95.

A brief review of the history of child abuse. Discusses home life, socio-economic level and psychological factors. Stresses the need for identification and recommendations are made for treatment.

Pena, S., Medovy, M. Child abuse and traumatic pseudocyst of the pancreas. The Journal of Pediatrics, 1973, 83, 1026-1028.

Discussion of occurance of pseudocyst of the pancreas resulting from abuse in children under three. Contends that in school age children this injury (and many abdominal injuries) are relatively common accidents from bicycle handlebars, contact sports, etc., but that in younger children, abuse should be considered, especially if there are indications.

Pfundt, T. The problem of the battered child. Postgraduate Medicine, 1964 35, 426-431.

A description of pathological findings of children who died from parental abuse. Stresses the varieties of assault on the children and describing these as "incredible." Emphasizes the physicians critical role in detection and assuring later protection for the child. Includes case examples and illustrations.

Pickel, S., Anderson, C., & Holliday, M. Thirsting and hypernatremic dehydration - A form of child abuse. Pediatrics, 1970, 45, 54-59.

A presentation of three cases of hypernatremic dehydration following water deprivation by psychotic mothers as examples of child abuse.

Pickett, L. Role of the surgeon in the detection of child abuse. Connecticut Medicine, 1972, 36, 513-514.

Focuses on the role which surgeons have in detecting and reporting child abuse injuries. Expresses suspicion that many instances of child abuse are seen and treated by surgeons, but not reported. Emphasizes that reporting does not indicate an accusation. Reviews the Connecticut legislation requiring the physician to report.

Piatou, R., Lennox., R., Beasley, J. Battering. Bulletin of Tulane Medical Faculty, 1964, 23, 157-165.

Discusses the concept of the "battering" of children and proposes a measure for control.

Polansky, N., Borgman, R., DeSaix, C., Smith, B. Two modes of maternal immaturity and their consequences. Child Welfare, 1970, 49(6), 312-323.

A correlational study which attempts to determine what specific traits in mothers produce what specific consequences in the children.

Potts, W., Forbis, O. Willful injury in childhood - A distinct syndrome. The Journal of the Arkansas Medical Society, 1962, 59, 266-270.

A summary of the information obtained from seventy-one Arkansas physicians, who answered a questionnaire concerned with the abused child. Presents radiologic evidence and psychiatric aspects of child abuse.

Question Time: Battered babies. The Lancet, 1970, 2, 1248.

A short reply to questions (unknown) asked by Mr. J. Cronin, concerning incidence of child abuse and the steps being taken.

Raffalli, H. The battered child. Crime and Delinquency, 1970, 16, 139-150.

An identification of three disciplines involved with the battered child and his family. Contends that medicine is charged with identification, social work with improving the child's situation and parent's skills and the law with clarifying the dichotomy between parents and child's rights.

Rappaport, M., Finberg, L. The neglected child: Collaborative approaches to recognition and management. Clinical Pediatrics, 1963, 2, 521-524.

Discussion of abuse by neglect. Presents several reasons for parents not obtaining appropriate care for their children.

Reed, K., Melli, M., Wald, M., Wesenberg, R. A conference on child abuse. Wisconsin Medical Journal, 1972, 71, 226-229.

A discussion by a panel of four professionals representing the legal, medical, and social viewpoints concerned with child abuse, involving the problems of detecting, aiding and prosecuting the adult who abuses a child.

Reinhart, J., Elmer, E. The abused child: Mandatory reporting legislation. Journal of the American Medical Association, 1964, 188, 108-112.

An article focusing on the advantages and disadvantages of mandatory child reporting laws.

Reinitz, F. Special registration project on the abused child. Child Welfare, 1965, 44, 103-105.

Report of a cooperative trial project for special registration cases coming to several child severing agencies in which evidence indicates neglect or abuse of such severity as to endanger the life of a child. The objective being to close the cracks between services in such a way as to provide for improved case findings and more effective case handling before irreparable damage was done to the children involved.

Representation in child-neglect cases: Are parents neglected: Columbia Journal of Law and Social Problems, 1968, 4, 230-254.

Reports on the findings of a study in New York City (1966) dealing with parental representation in child neglect cases. Makes comparisons between dispositions of the cases when there was parental representation and when there was not. Proposes changes which would protect parents' legal rights more in context of their constitutional due process guarantees and in light of the Gualt decision. Concludes that the present scheme (in New York City, 1966) is wholly inadequate.

Riley, N. The abused child. Rocky Mountain Medical Journal, 1971, 68, 33-36.

Outlines the doctor's responsibility in reporting cases of abuse, from a legal point of view.

Rochester, D. What can the schools do about child abuse? Today's Education, 1968, 57, 59-60.

Report of a survey of school personnel concerning numbers and kinds of abuse and action taken.

Rodenburg, M. Child murder by a depressed mother: A case report. Canadian Psychiatric Association Journal, 1971, 16, 49-53.

Describes the risk factor of child murder involved when a parent is depressed or psychotic. Presents a case history of child murder, with a psychological interpretation of the incident.

Rowe, D., Leonard, M., Seashore, M., Lewiston, N., Anderson, F. A hospital program for the detection and registration of abused and neglected children. The New England Journal of Medicine, 1970, 282, 950-952.

Report of the "DART" (Detection, Admission, Reporting, and Treatment) Program instituted at Yale University Medical Center for the management of child abuse. Explains that reported results of the program are an increased level of staff awareness of the problems of abuse, early identification leading to thorough investigation, active intervention, and follow-up observation.

Rubin, J. The need for intervention. Public Welfare, 1966, 24, 230-235.

Paper presented at American Public Welfare Administration's 1965 Southwest Regional Conference. Discusses the status of protective services and need for more sophistication. Summarizes some current knowledge including characteristics of parents who abuse and the children who are abused as well as incidence.

Rubin, S. Children as victims of institutionalization. Child Welfare, 1972, 51, 6-18.

Discussion of children's rights detailing abuse of "parents patriae" approach of institutionalizing all minors as a panacea. Includes suggestions for changes.

Russell, D. Law medicine, and minors - Part IV. The New England Journal of Medicine, 1968, 279, 31-32.

Urges passing of better reporting laws.

Sampson, P. Medical progress has little effect on an ancient childhood syndrome. Journal of American Medical Association, 1972, 222, 1605-1612.

General view of the problem of child abuse as discussed by a panel. Summarizes views of panelists concerning reporting, diagnosis, interdisciplinary cooperation, and a non-judgemental approach to parents.

Sanders, R. Resistance to deal with parents of battered children. Pediatrics, 1972, 50, 853-857.

An article which raises vital questions about the way battering parents are received and treated by society as a whole. Places special emphasis on the role of the physician, nurse, and others who resist reporting for societal reasons, and makes suggestions about how parent-professional relationships can be accomodated.

Sandusky, A. Services to neglected children. Children, 1960, 7, 23-28.

Outlines services presently available through child welfare agencies and identifies legal and societal blocks to expansion of these services. Some discussion regarding the relationship between neglected children and psychological impairment.

Sarsfield, J. Battering: Danger of a backlash. British Medical Journal, 1974, 57-58.

Letter citing the need for coordination and discreet investigation of the background circumstances of injuries before any kind of confrontation with the parents over possible abuse. Cites case example where parents could have been wrongly accused.

Sarsfield, J., Dowell, A. Parents of battered babies. British Medical Journal, 1974, 637.

Letter discussing how parents who battered children are related to the children in terms of natural, step, or foster parent, etc.

Sattin, D., Miller, J. The ecology of child abuse within a military community American Journal of Orthopsychiatry, 1971, 41, 675-678.

Comparative study of abusive and non-abusive parents in military families. Hypothesizes that abusive parents (1) predominate in certain (low income, low status) areas of the city of El Paso, Texas, and (2) live in different residential areas than non-abusing parents. Explanation offered: possible prior personality variables and/or financial-environmental stress.

Savino, A., Sanders, R. Working with abusive parents: Group therapy and home visits American Journal of Nursing, 1973, 73, 482-484

A general article by a nurse and a psychiatrist. Does not emphasize research; rather encompasses the experiences of the authors in working with abusive parents both through an out-patient group therapy program and visiting nurses. Discusses some characteristics and needs of abusing parents in context of the sensitive nature of dealing with their problems. Studies techniques of supporting abusive mothers and child management courses.

Schlaegel, E., Fordyce, K. Schools- Corporal punishment without civil or criminal liability. West Virginia Law Review, 1970, 72, 399-407.

Discusses what is and what is not permissable corporal punishment by teachers in schools in light of laws and case decisions. Explains that various states use differing criteria for determining both civil and criminal liability for torts commited upon students under a broad authority which most states give teachers to corporally discipline children.

Scholoesser, P. The abused child. Bulletin of Menninger Clinic, 1964, 28, 260-268.

Reports on 85 cases of child abuse which occurred in Kansas during 1962 and 1963. States that fourteen of these children died and others suffered permanent central nervous system damage and obvious psychological trauma. Involved a high proportion of very young parents. Presents case examples.

Schrotel, S. Responsibilities of physicians in suspected cases of child brutality. Cincinnati Journal of Medicine, 1961, 42, 408.

Editorial urging physicians to report cases of suspected abuse to aid police in taking action.

Schultz, L. The child sex victim: Social psychological and legal perspectives. Child Welfare, 1973, 52, 147-157.

A treatment and demographic oriented article discussing incidence of and approach to various trauma associated with child sex victims.

Schwartz, L. Psychiatric case report of nutritional battering with implications for community agencies. Community Mental Health Journal, 1967, 3, 163-169.

A psychiatric case report of a child starved by parents. Presents implications for community involvement.

Scott, P. Fatal battered baby cases. Medicine, Science, and the Law, 1973, 13, 197-206.

A series of 29 cases in which the father had been charged with killing his child (under 5 years old) compared with a series of non-fatal battered baby cases. Comparisons showed significant difference in several cases.

Scranton, W. State legislation of 1963 of interest to physicians. The Pennsylvania Medical Journal, 1963, 66, 25-26.

Discussion of "Battered Child" Bill requiring physicians to report suspected cases and provisions of immunity from civil or criminal liability which might result from such reports.

Shaw, A. How to help the battered child. RISS, 1963, 6, 70-77, 80, 84, 89-90. 95, 98, 101, 104.

A discussion of doctor-parent relationships. Legal problems involved in attempting to secure protection of abused children.

Shaw, A. The surgeon and the battered child. Surgery, Gynecology and Obstetrics, 1964, 119, 355.

Discussion of the clinical manifestations of abuse. Describes the physician's responsibility in such cases.

Shengold, L. The effects of overstimulation: Rat people. International Journal of Psycho-Analysis, 1967, 48, 403-415.

Article presenting a psychoanalytic explanation with case examples of the problems of adults who, as children, were beaten and/or sexually overstimulated by parent(s).

Shepherd, R. The abused child and the law. Virginia Medical Monthly, 1966 93, 3-6.

A short article indicating the need for revised child abuse laws nationally and making suggestions for such revisions.

Shepherd, R. Abused child and the law. Washington and Lee Law Review, 1965, 22, 182.

Touches on all aspects of child abuse from the history to identification. Places emphasis on the fact that the law is not well defined in the matter of child abuse and has lagged behind medicine and social work in seeking solutions to the problem.

Sheriff, H. The abused child. Journal of the Southern Carolina Medical Association, 1964, 60, 191-193.

Covers radiologic indications of child abuse and the incidence of such abuse. A few concluding paragraphs on the law and correction of problems the parents have developed.

Silber, D., Bell, W. The neurologist and the physically abused child. Neurology. 1971, 21, 991-999.

Emphasizes the importance of the responsibility of the neurologist in recognizing the possibility of abuse, and reporting such cases to the appropriate agencies. Describes six of purposefully human-induced trauma.

Silver, L. Child abuse syndrome: A review. Medical Times, 1968, 96, 803-820.

Review article presenting literature on the history, incidence, demography, medical symptoms, legal definitions, identification, prevention, and treatment of the child abuse syndrome.

Silver, L., Barton, W., Dublin, C. Child abuse laws - Are they enough? Journal of the American Medical Association, 1967, 199, 101-104.

Presents a brief review of the child abuse reporting laws, and discusses some reasons for the apparent reluctance of many physicians to report child abuse. Contends that many physicians are unaware of their responsibility and the reporting procedures.

Silver, L., Barton, W., Dublin, B. Mandatory reporting of physical abuse of children in the District of Columbia: Community procedures and new legislation. Medical Annals of the District of Columbia, 1967, 36, 127-130.

A detailed description of the child abuse reporting law for the District of Columbia. Stresses the physicians' responsibility for reporting, and outlines the reporting procedure.

Silver, L., Dublin, C., Lourie, R. Child abuse syndrome: The "gray areas" in establishing a diagnosis. Pediatrics, 1969, 44, 594-600.

Explores those situations in which the physician finds it difficult to establish or rule out the diagnosis of child abuse. Concludes that it is essential that all suspected instances of abuse be reported.

Silver, L., Dublin, C., Lourie, R. Agency action and interaction in cases of child abuse Social Casework, 1971, 52, 164-171.

Cites the need for protective services intervention in cases of child abuse before the child is released from hospital care. Concludes that the only way to effectively prevent further abuse is to remove the child from the home. Presents early recognition and referral as a viable alternative.

Silverman, F. The roentgen manifestations of unrecognized skeletal trauma in infants. American Journal of Roentgenology, 1953, 69, 413-427.

Examines types of injuries associated with trauma and abuse. Describes parents as the likely causal agent. In terms of specificity of injuries, an early landmark study of types of abuse which gives some indications of the reactions of parents when interviewed about the trauma detected in their children.

Silverman, F. Unrecognized trauma in infants, the battered child syndrome, and the syndrome of Ambroise Tardieu. Radiology, 1972, 104, 337-353.

Reviews the history, semantics, incidence, probable causation, clinical features, and types of injuries related to types of assault. Establishes rationale that "the radiologist as a medical specialist can assist in the diagnosis of the battered child."

Simons, B., Downs, E., Hurster, M., Archer, M. Child abuse - Epidemiologic study of medically reported cases. New York State Journal of Medicine, 1966, 66, 2783-2788.

An epidemiologic study of 313 cases of child abuse registered in New York City during the first year following the 1964 legislation which demonstrated a broad spectrum of abuse patterns with a wide range of physical injuries. Reports that a strikingly high proportion of the reported children came from multi-problem families where the interplay of mental, physical, and environmental stresses appeared as strong etiologic factors and where the abusive acts appeared chiefly as late indicators of serious family difficulties.

Simpson, K. The battered baby problem. Royal Society of Health Journal, 1967, 87, 168-170.

Presents incidence, demography, and legalities surrounding child abuse in Britain. Urges physicians to become aware of and involved in the protection of battered children.

Sims, B., Grant, J. Bite-marks in the "battered baby syndrome." Medicine, Science, and the Law, 1973, 13, 207-210.

Reports that since 1969 bite-marks have been found to figure significantly as a feature of the battered child syndrome. Presents three case reports to illustrate this type of trauma.

Smith, A. The beaten child. Hygeia, 1944, 22, 386-390.

Description of cases of child beating and suggestions for treatment of parents and children.

Smith C. The battered child. The New England Journal of Medicine, 1973, 289, 322-323.

Briefly discusses history, probable causes and prevention of child battering.

Smith, R. Now experts are trying to draw out these battering parents. Today's Health, 1973, 51.

Article which surveys parent-help organization in Denver. Therapy approach to abusing parents described as more helpful than punishment.

Smith, S. Child injury intensive monitoring system. British Medical Journal, 1973, 3, 593-594.

Argues a cross-disciplinary approach to child abuse as the only legitimate action.

Smith, S., Hanson, R., Noble, S. Parents of battered babies: A controlled study. British Medical Journal, 1973, 4, 388-391.

A controlled study of British parents of battered babies indicating personality, intelligence, social class, and age. Shows the correlation of all factors to incidence of child abuse.

Smith, S., Hanson, R. Failure to thrive and anorexia nervosa. Postgraduate Medical Journal, 1972, 48, 382-384.

A case study of an anorexic mother who starved her 10 week old child to death.

Smith, S., Honigsberger, L., Smith, C. E.E.G. and personality factors in baby batterers. British Medical Journal, 1973, 3, 20-22.

Study of 35 parents, 8 of whom had abnormal E.E.G. patterns) who battered their children. Reports that the 8 shared the characteristics of low intelligence, psychopathy, and were persistent batters. Suggests the possibility of a subgroup among the abusers.

Snedeker, L. Notes on childhood trauma. The New England Journal of Medicine, 1966, 275, 1061-1062.

Brief notes on medical concerns about the physician's role with battered children.

Snedeker, L. Traumatization of children. The New England Journal of Medicine, 1962, 267, 572.

Discusses hospital procedure in dealing with suspected cases of child abuse.

Spinetta, J., Rigler, D. The child abusing parent: A psychological review. Psychological Bulletin, 1972, 77, 296-304.

A review of some 88 articles on child abuse from the fields of medicine, law and social work, with medical literature constituting the majority of the articles. Proposes to "bring together the published professional opinion on the psychological characteristics of the abusing parent, in

order to determine from the most commonly held opinions what generalizations can be induced, and thus to lay the groundwork for more systematic testing of hypotheses." Concludes, from the review, that (a) the abusing parents were themselves raised with some deprivation, (b) they have some mistaken notions of child rearing, (c) they have a general defect in character structure, (d) socioeconomic factors are a contributor to, but not a cause of child abuse.

Stark, J. Battered child--Does Britian need a reporting law? Public Law, 1969, 48-63.

Outlines case reporting in the United States. Purposes to provide data for decision. Various state laws compared as to their strengths and weaknesses, and implications for drafting a British law. Recommends additional legislation, clarification of procedures.

Steele, B. Violence in our society. The Pharos of Alpha Omega Alpha, 1970, 33, 42-48.

A discussion of child abuse in the context of the acceptance of violence in our culture. Emphasizes that our society, as well as many other societies, both contemporary and ancient, reinforce the commission of violent acts so long as these are committed in a "legally" prescribed manner. Relates this overall acceptance of violence to child-rearing patterns, citing several case examples illustrative of the enactment of patterns of violence by which parents feel fully justified in battering their children. Calls for a closer look to those "moral forces" which dictate that violence directed in certain ways are desirable and necessary and a way of doing "good."

Steinmetz, S. Occupation and physical punishment: A response to Straus. Journal of Marriage and the Family, 1971, 33, 664-666.

An exploratory study suggesting that the type of work done, not the traditional social class identification is related to the type of control devices workers use with their children.

Stevenson, W. Battered baby syndrome. The Medical Journal of Australia, 1973, 2, 1073.

Letter and answer concerning possible missed cases of child maltreatment in the Royal Children's Hospital-Brisbane. Cases surveyed. Includes information on reporting law.

Stone, N., Rinaldo, L., Humphrey, C., Brown, R. Child abuse by burning. The Surgical Clinics of North America, 1970, 50, 1419-1424.

Article which explains that burns are the primary injury in 10% of abuse cases and the physician must recognize intentional burns and act to prevent subsequent injury.

Storey, B. The battered child. The Medical Journal of Australia, 1964, 2, 789-791.

Six case studies from Australian literature, all of which involved unexplained fractures and child abuse diagnosis.

Straus, M. Some antecedents of physical punishment: A linkage theory interpretation. Journal of Marriage and the Family, 1971, 33, 658-663.

Presentation of a linkage theory which holds that physical punishment by parents is influenced by parents' conception of the roles the child is to play as an adult.

Strauss, P. The relationship between promise and performance in state intervention in family life. Columbia Journal of Law and Social Problems, 1972, 9, 28-62.

Informal position paper with panel reactions. Describes, from various points of view, the shortcomings of state intervention. Relates abused and neglected children to a form of institutional abuse.

Stringer, E. Homemaker service in neglect and abuse II. A tool for case evaluation. Children, 1965, 12, 26-29.

Case studies which are used to establish the value to homemaker service in homes where there is child neglect or abuse.

Sullivan, E., Smith, D., Fox, M., LoPresti, J., Lovrien, E., Newsome, M. Symposium: Battered child syndrome. Clinical Proceedings of Children's Hospital, 1964, 20, 229-239.

A discussion of the problems inherent in the handling of child abuse cases. Stresses the fact that inter-agency cooperation is needed.

Sussman, S. The battered child syndrome. California Medicine, 1968, 108, 437-439.

A presentation of the socio-medical aspects of physical abuse of 21 children in a California study. The predominant age of the child below 2. Explains that there was no unusual race or sex distribution, but there was a common history of previous abuse in the patient and siblings.

Sussman, S. Skin manifestations of the battered child syndrome. The Journal of Pediatrics, 1968, 72, 99-101.

Report concerned with skin lesions of the battered child, noting characteristics which distinguish such lesions (illustrated).

Swanson, L. Role of the police in the protection of children from neglect and abuse. Federal Probation, 1961, 25, 43-48.

Reviews police procedures: Investigation, referrals, custody, shelter, care, community planning for protection of children.

Swischuck, L. The beaked, notched, or hooked vertebra. Radiology, 1970, 5, 661-664.

Proposes a common denominator hypothesis for the frequent occurrence of the notched vertebra at the thoracolumbar junction. Asserts that etiology is believed to be mechanical and battering can be among the mechanical causative factors.

Syre, J., Foley, F., Zingarella, L., Kristal, H. Community Committee on child abuse. New York State Journal of Medicine, 1973, 73, 2071-2075.

A four page descriptive article on the development and workings of a community child abuse committee.

Taipale, V., Moren, R., Valanne, E., Piha, T. Experiences of an abused child. ACTA Paedopsychiatry, 1972, 39, 39-58.

A case study which details psychological, as well as physical, ramifications of abuse and suggests an increased emphasis on treatment and placement of abuse victims.

Tascari, A. The abused child. Journal of Iowa Medical Society, 1972, 62, 229-232.

A brief description of the type of parent who is likely to be an abuser and the characteristics of the typical abused

child. Outlines the common types of injuries and reporting procedures for physicians.

Teacher's role in reporting child abuse. Illinois Education News, 1974, 3, 8-9.

Discussion of teacher's responsibility in recognizing and reporting child abuse cases to the Illinois Department of CFS (Department of Children and Family Services).

Teague, R. Kentucky legislation concerning reporting of abused children. Journal of the Kentucky Medical Association, 1966, 64, 584.

Treats new legislation in Kentucky for reporting of child abuse and discusses some problems of getting the cooperation of doctors to report even though the law requires it.

Ten Broeck, E. The extended family center - "A home away from home" for abused children and their parents. Children Today, 1974, 3, 2-6.

Description of a largely educational approach to treatment of parents and children. Discusses formal and informal methods as means to change parents' and child's behaviors.

Ten Have, T., Arbor, A. A preventive approach to problems of child abuse and neglect. Michigan Medicine. 1965, 64, 645-649.

An article advocating prevention of new cases of child abuse and neglect through family planning by helping delay pregnancy for those who are unwilling or unprepared psychologically for parenthood. Contends that this may be more effective than counseling.

Teng, C., Singleton, E., Daeschner, C., Skeletal injuries of the battered child, American Journal of Orthopedics, 1965, 6, 202-207.

Five medical case studies of skeletal injuries (with pictures) of the battered child.

Terr, L. A family study of child abuse. American Journal of Psychiatry, 1970, 127, 665, 671.

Report of a study in which 10 battered children and their families were evaluated over a 6-year period. Identifies important psychological patterns in abuse, fantasies of the abuser, exaggerated dominance-submissive patterns in the marriage and abnoxious behavior of the child.

Terr, L., Watson, A. The battered child rebrutalized: 10 cases of medical-legal confusion. American Journal of Psychiatry, 1968, 124, 1432-1439.

A study which effectively describes and gives examples of confusion, delay and conflicts among agencies which prolong and intensify child abuse. Points out need for coordination and education.

Thomas, M., Jr. Child abuse and neglect: Historical overview, legal matrix, and social perspectives. North Carolina Law Review, 1972, 50, 293, 349.

Article which provides a brief review of child abuse in an historical context, and a review of the history and development of the laws surrounding child abuse. Extensively treats the development of the concept of parens patriae as well as the parental rights and prerogatives to rear children as they see fit. Examines values, attitudes, and philosophies which relate to child abuse, with respect to their historical and contemporary effect on the law. Reviews much of the knowledge and research relating to child abuse.

Thompson, E. Child abuse is no myth. Instructor, 1974, 83, 84-85.

Interview with social worker indicating general prevalence of child abuse. Differentiates abuse and neglect and physical and psychological abuse.

Till, K. Subdural haematoma and effusion in infancy. British Medical Journal 1968, 3, 804.

A letter of explanation and clarification on a previous article written.

TMA X-ray of the month, Journal of the Tennessee Medical Association, 1973 66, 1053-1056.

A case study that arrives at a final diagnosis of battered child syndrome.

Togut, M., Allen, J., Lelchuck, L. A psychological exploration of the non-organic failure-to-thrive syndrome. Developmental Medicine and Child Neurology, 1969, 11, 601-607.

An exploratory study of psychological factors, focusing on familial relationships and other pertinent environment factors. Explains that diagnosis requires three elements: (1) lack of organic etiology; (2) response to therapeutic regimen; (3) psychosocial pathology in the family.

Toland, M. Abuse of children - Whose responsibility? Connecticut Medicine, 1964, 28, 438-442.

Community (social) obligation as concerns the abused child, what is being done, and how, with some opinions on the future course of action.

Touloukian, R. Abdominal visceral injuries in battered children. Pediatrics, 1968, 42, 642-646.

A study of five fatal cases of abdominal visceral injuries in battered children. Explains that abdominal injuries are often overlooked in battering cases, and social-environment investigation is recommended in these cases.

Touloukian, R. Battered children with abdominal trauma. American Family Physician G.P., 1969, 40, 106-109.

Describes, in detail, types of abdominal trauma associated with child abuse. States that renal, splenic, and hepatic injuries are rarely found in cases of child abuse with visceral injury. Specific description of abdominal injuries. Well documented.

Tracy J., Clark, E. Treatment for child abuse. Social Work, 1974, 19, 338-342.

Article which describes a hospital based treatment program, but one which worked with abusive parents in their own homes. Explains that social learning theory, with some techniques of behavior therapy, are used as the basis for treatment. Describes the theoretical framework which underlies the program, and discusses its operation including the limitations encountered.

Tripp, N. Acting "in loco parentis" as a defense to assault and battery. Cleveland-Marshall Law Review, 1967, 16, 39-49.

Article which quotes from various cases concerned with the in "loco parentis" rule in the United States. Points out that teachers stand in "loco parentis" to pupils, and their criminal liability is determined on nearly the same basis as others who stand in "loco parentis."

Trouern-Trend, J., Leonard M. Prevention of child abuse: Current progress in Connecticut: I. "The problem." Connecticut Medicine, 1972, 36, 135-37.

Reviews of the child abuse problem in Connecticut and efforts being made for remediation.

Unfit parents - ORS 419.523(2)(a). Willamette Law Journal, 1968, 5, 177.

Article which focuses specifically on Oregon's statute which permits termination of parent-child relationship. Explains that, put into practice, it is virtually impossible to terminate the relationship because of the Court's increasingly sympathetic attitude toward the parent. Points out that there is some question that this was the the intent of the legislature when the law was enacted, however, the conditions of "unfit" were not specified in the law, leaving this up to the courts to determine.

Violent parents. The Lancet, 1971, 2, 1017-1018.

A brief history of child abuse in England. Recommends a court system that will view the problem in a positive rather than a punitive manner.

Wasserman, S. The abused parent of the abused child. Children, 1967, 14, 175-179.

Discusses the dynamics of battering parents in terms of isolation and exclusion from their own parents and from their communities. Discusses therapeutic treatment as a very difficult and time-consuming process. Examines social attitudes toward violence which the battering parents may adopt to justify what he is doing.

Waterman, J. Rose reversal: A necessary concept in dealing with a "battered child syndrome." American Journal of Orthopsychiatry, 1963, 33, 298-300.

A psychodynamic explanation of "role reversal" in battering parents.

Wertham, F. Battered children and baffled adults. Bulletin of the New York Academy of Medicine, 1972, 48, 887-898.

A psychiatric viewpoint of battering parents. Argues that, in the clinical sense, few abusive parents are diagnosed as mentally ill and treatment is essentially a waste of time. An arguement for stronger and more precise legal and medical responses to parental violence.

Whiplash injury in infancy. The Medical Journal of Australia, 1971, 2, 456.

Associates the shaking of children with occurence of subdural haematoma.

Wickes, I., Zaidi, Z. Battered or pigmented? British Medical Journal, 1972, 2, 404.

A description of a pigmentation problem peculiar to blacks which may be mistaken for abuse.

Wight, B. The control of child environment interaction: A conceptual approach to accident occurrence. Pediatrics, 1969, 44, (Suppl.), 799-805.

Demonstrates some significant differences between mothers suspected of physically abusing their children and mothers of children whose accidents do not involve the suspicion of abuse.

Wolff, H. Are doctors too soft on child beaters? Medical Economics, 1966, 43, 84-87.

Examines the dilemma doctors are placed in when treating a child for trauma which may be abuse. Cites case examples where failure to report an abusive instance resulted in the child's death at a later instance; but cites additional examples where parents were erroneously reported.

Woolley, P. The pediatrician and the young child subjected to repeated physical abuse. Journal of Pediatrics, 1963, 62, 628-630.

Stresses the importance of physicians recognizing the frequency of the battered child syndrome. Suggests that, when a potentially lethal situation is recognized, the physician, court, and community work together to cope with the problem.

Woolley, P., Evans, W. Significance of skeletal lesions in infants resembling those of traumatic origin. Journal of the American Medical Association, 1955, 155, 539-543.

Discusses various patterns of skeletal trauma in relation to family patterns. Explains that chronic skeletal lesions in infants showed a correlation to what are described as unstable families.

Wooster, K. California legislative approach to problems of willful child abuse. California Law Review, 1966, 54, 1805-1831.

Four part article. Part I: A general discussion of the nature of the problem of child abuse and a consideration of the difficulties in discovering incidents. Part II: A study of the developments in California statutory law requiring physicians and others to report. Part III: A discussion of penal law in California which are applicable to child abusers, and Part IV: A discussion of the methods employed in California in 1966 to handle child abuse cases and possible needed alterations and variations of those methods.

Worling, R. Maternal deprivation - A re-examination. Canada's Mental Health, 1966, 14, 3-11.

Discusses childhood psychiatric illness as related to maternal deprivation. Concludes that lack of love and attention in early years is related to psychiatric disturbance.

Yelaja, S. The concept of authority and its use in child protective service. Child Welfare, 1965, 44, 514-522.

Discusses the fact that authority can be viewed as a power of communication and that legitimatized authority can facilitate effective therapeutic relationships with abusive/neglectful parents.

Zalba, S. The abused child: I. A survey of the problem. Social Work, 1966, 11, 3-16.

Review of the literature on child abuse stressing identification and intervention strategies.

Zalba, S. The abused child: II. A typology for classification and treatment. Social Work, 1967, 12, 70-79.

A problem/treatment classification for families in which there has been physical abuse. Categories (1) danger to the child; (2) parent-child relationship; (3) reason for the abuse. Outlines treatment approaches and links them to objectives.

Zalba, S. Battered children. Transaction, 1971, 8, 58-61.

A comprehensive description of issues and challenges in abuse/neglect as a social phenomena.

Ziering, W. The battered baby syndrome. The Journal of Pediatrics, 1964 65, 321-322.

Discusses the medical profession's reluctance to get involved in diagnosing and reporting child abuse. Calls for a more courageous stance on this issue.

Zuckerman, K., Ambuel, P., Bandman, R. Child neglect and abuse: A study of cases evaluated at Columbus Children's Hospital in 1968-69. Ohio State Medical Journal, 1972, 68, 629-632.

Identifies physical and socioeconomic conditions assumed to be factors in abuse. Demographic findings reported. Heavy emphasis given to psychological abuse, which was not related to the sixty case studies.

BOOKS

Bakan, D. Slaughter of the innocents. San Francisco: Jossey-Bass Inc. Publishers, 1971.

Exploration of every aspect of child abuse and infanticide including legal, medical, and historical. Universality of the phenomenon is pointed out along with the fact that societies have tried to hide its existence. Speculates that there are many symbolic warnings to children of their precarious claim to live contained in nursery rhymes, myths and fairy tales.

Child protective services: A national survey. Denver: Children's Division, The American Humane Association, 1967.

Final report of a nationwide survey to assess the status and avaiability of Child Protective Services throughout the U.S.

DeCourcy, P., DeCourcy, J. A silent tragedy: Child [illegible] in the community. Port Washington, New York: Alfred Publishing Co., Inc., 1973.

Collection of twelve case histories of child abuse which because were known to proper authorities, but because of failure to take remedial action the children suffered further serious harm or death. Suggest modification of social and legal procedures which would permit effective intervention.

DeFrancis, V. Child abuse legislation in the 1970's. Denver: Children's Division, The American Humane Association, 1970.

Report of current child abuse laws reflecting changes over the past 5 years. Discusses problem areas and proposes different approaches while challenging some presently accepted concepts.

DeFrancis, V. The fundamentals of child protection. Denver: Children's Division, The American Humane Association, 1955.

Explanation and interpretation of basic concepts, principles and philosophies of providing child protective services.

BOOKS

A descriptive study of nine health based programs in child abuse and neglect. Evanston, Illinois: American Academy of Pediatrics, 1974.

A summary description of nine programs giving information on types of auspices, funding, team composition, procedures, patient form, diagnosis and identification, treatment, evaluation, rehabilitation, costs, follow-up, and care fonferences. Also describes Community characteristics, population served, community resourses, education, protective services, registry, disposition, guidelines, abuser profiles, core finding, counseling and research.
Across-the-board conclusions not possible. Each program must be studied. "Definitions vary; reporting is incomplete; objectives are not clearly stated; follow-up is inadequate. Only comparisons over time within the same programs are likely to have validity." (p.95)

Fontana, V., Somewhere a child is crying. New York: The MacMillan Company, 1973.

The book is directed to professional and lay members of the community. The history of child abuse and neglect, particularly in N.Y.C. is traced in numerous case histories. Family patterns of abuse, possible responses, definitions and demographic data is given in some detail.

Geiser, R. The illusion of caring: Children in foster care. Boston: Beacon Press, 1973.

Presentation of case examples of plight of children who were removed from their parents and placed in foster homes. States incalculable psychiatric damage inflicted upon these children as rehabiliation services are not provided for either parents or children as they sit in limbo for major part of their childhood. Attributes later serious adult disturbance to experience in foster care.

Gil, D. Violence against children: Physical child abuse in the United States. Cambridge, Mass.: Harvard University Press, 1970.

Report on findings of a nationwide survey of the incidence of child abuse reported through legal channels throughout U.S. in 1967 and 1968. Includes additional findings of sample surveys of the public knowledge, attitudes and opinions about child abuse.

BOOKS

Hancock, C. Children and neglect . . . Hazardous home conditions. Washington, D.C. DHEW, Welfare Administration, Bureau of Family Service, 1965.

Discusses and clarifies factors involved in evaluating neglect and the initiation of preventive action to forestall family breakdown. Considers needs of parents and children in neglectful families and indicates areas where social services can help.

Hancock, C. Services for children who need protection: A manual for caseworkers in public assistance agencies. Washington D.C.: DHEW, Welfare Administration, Bureau of Family Services, (no date).

Prepared for caseworkers who are responsible for seeing that children served by the AFDC program have adequate care, for securing for them resources to meet special needs, for assisting in maintaining family homes, and for acting in behalf of the child who is endangered.

Kempe, C., Helfer, R. (Eds.) The battered child (2nd ed). Chicago: The University of Chicago Press, 1974.

Collection of eight articles focusing on medical, social, legal, psychiatric, law enforcement, and historical aspects of child abuse. Second edition contains some revisions and additions to earlier book which was one of the first published on the subject and is still a basic source. Photographs included with some articles.

Kempe, C., Helfer, R. (Eds.) Helping the battered child and his family. Philadelphia: J.B. Lippincott Company, 1972.

Compilation of seventeen articles by various authors addressing the problem of child abuse in the four major areas of (1) the parents needs and desire for help; (2) the child's need for help; (3) how help can best be given; (4) establishing a positive role for the court and the law.

Polansky, N., De Saix, C., Sharlin, S. Child neglect: Understanding and reaching the parent. New York: Child Welfare League of America, 1972.

Designed as an aid for caseworkers dealing with problems of neglect. Describes characteristics of neglectful families and methods of effective intervention. Based on research in rural mountains of North Carolina and north Georgia.

BOOKS

Protecting the child victim of sex crimes committed by adults. Denver: Children's Division, The American Humane Association, 1969.

Final report of a project to determine incidence, characteristics of child victims and adult offenders of sex crimes. Reports extensive data covering all aspects of victims lives, communities.

The rights of children. Cambridge, Massachusetts: Harvard Educational Review, 1974.

Compilation of 17 previously published articles appearing in Harvard Educational Review which treat children's rights in society. Monographs on the major subjects of Children's rights, child advocacy, and social policy for children.

Young, L. Wednesday's children. New York: McGraw Hill, 1964.

Documentary study made of children abused or neglected by their parents. Examines the scope of the problem and suggests ways to overcome it.

Van Stalk, M. The battered child in Canada. Toronto: The Canadian Publishers McClelland and Stewart Limited, 1972.

Presents an in-depth survey of the present state of knowledge of child-abuse in Canada. Explains how and why a parent can attack an infant or child and offers suggestions and programs of ways to help these children and their parents.

DISSERTATIONS

Brett, D. The battered and abused child syndrome. (Doctoral dissertation, University of California, Berkeley) Ann Arbor, Mich: University Microfilms, 1966, No. 67-8510.

Study of pre-school children and their mothers designed to explore the social characteristics and behavior patterns of families in which children are physically abused.

Hornbein, R. Social worker's orientation to the use of authority in initiating and maintaining a social casework relationship with parents who abuse and parents who neglect their children. (Doctoral dissertation, University of Denver) Ann Arbor, Mich: University Microfilms, 1972, No. 72-32, 079.

Examines the orientation of social workers in child protective services to the use of authority in initiating and maintaining a casework relationship with parents who abuse and parents who neglect their children.

Roberts, R. A comparative study of social caseworkers' judgments of child abuse cases. (Doctoral dissertation, Columbia University) Ann Arbor Mich: University Microfilms, 1970, No. 71-6247.

Comparative study to determine whether or not judgments of physical abuse made by social workers are affected by the social agency in which the social worker is located.

Rolston, R. The effect of prior physical abuse on the expression of overt and fantasy agressive behavior in children. (Doctoral dissertation, The Louisiana State University and Agricultural and Mechanical College) Ann Arbor Mich: University Microfilms, 1971, No. 71-29, 389.

Investigates behavioral and personality characteristics of children who had previously suffered severe physical abuse or punishment at the hands of parents and had been removed to foster homes as a result.

Segal, R. A comparison of some characteristics of abusing and neglecting, non-abusing parents. (Doctoral dissertation, Columbia University) Ann Arbor, Mich: University Microfilms, 1971, No. 72-1386.

Study to ascertain whether differences exist in selected characteristics which can be used to predict parents who will abuse their children and parents who will neglect but not abuse their children.

Varon, E. The client of a protective agency in the context of the community: A field study of the Massachusetts Society for the Prevention of Cruelty

to Children. (Doctoral dissertation, Brandeis University) Ann Arbor, Mich: University Microfilms, 1961, No. 62-1215.

Field study of the clientele of Massachusetts Society for the Prevention of Cruelty to Children attempting to bring together the anthropological, sociological and psychological factors which affected these individuals. Explores relationships of clientele to the social agencies, institutions, and the neighborhood.

PAMPHLETS

Arnold, M. & Miller, V. Termination of parental rights. Denver: Children's Division, The American Humane Association.

An exposition of the legal safeguards which must be provided in any process to terminate parental rights with emphasis on the necessary for a judicial determination.

Becker, T. Child protective services and the law. Denver: Children's Division, The American Humane Association.

Exploration of the impact of Supreme Court decisions on neglect proceedings. How may due process be assured; will court hearings be adversary trials; who represents the child; how may conflicts of interest be resolved?

Becker, T. Due process in child protective proceedings. Denver: Children's Division, The American Humane Association.

Intervention on behalf of neglected children. Discusses the implications of the mandate for due process as it applies to the neglect proceeding in juvenile court; defines the elements of due process, and interprets the precarious balance required to protect conflicting rights.

Bishop, J., Burton, B., & Bourke, W. An intensive casework project in child protective services. Denver: Children's Division, The American Humane Association.

Three papers report significant findings on the constructive use of time limits; planned periodic inventories of progress toward change and goals; authority in casework.

Christy, D., & Paget, N. Innovative approaches in child protective services. Denver: Children's Division, The American Humane Association.

Child Protective Services must develop specialized techniques to meet treatment problems posed by neglecting parents. This pamphlet discusses some new and imaginative approaches contributing to better protection of neglected and abused children.

Cohen, M., Mulford, R., & Philbrick, E. Neglecting parents. Denver: Children's Division, The American Humane Association.

A study of Psychosocial Characteristics. Interpretation of the findings in a research project to identify the psychological characteristics of neglecting parents in almost 1,000 families.

Cooke, L., Minn, P., & Washburn, D. Round-the-clock coverage in child protective services. Denver: Children's Division, The American Humane Association.

Discussion of responsibility and patterns for meeting after-hour emergencies of child neglect and abuse.

De Francis, Vincent. Accent on prevention. Denver: Children's Division, The American Humane Association.

A statement which emphasizes the contribution of Child Protective Services to the over-all fight against juvenile delinquency.

De Francis, Vincent. Child protective services in the United States. Denver: Children's Division, The American Humane Association.

A report of a nationwide survey on the status of Child Protection in the United States.

De Francis, Vincent. Children who were helped - Through Child Protective Services. Denver: Children's Division, The American Humane Association.

Non-technical community interpretation of the purpose and method of Child Protection, through the use of "case stories."

De Francis, Vincent. Community cooperation for better child protection. Denver: Children's Division, The American Humane Association.

Discussion of the cooperative roles of the court, police, school, church and voluntary agencies and how they may contribute best to the protection of children.

De Francis, Vincent. The court and protective services. Denver: Children's Division, The American Humane Association.

A discussion of the purpose and functions of the two agencies - a recognition of their separate and mutual responsibilities and how they may achieve optimum cooperation on behalf of neglected children.

De Francis, Vincent. The fundamental of child protection. Denver: Children's Division, The American Humane Association.

A manual on basic concepts, principles and practices for the social work practioner.

De Francis, Vincent. Interpreting child protective services. Denver: Children's Division, The American Humane Association.

Four articles to provide interpretation of the role and function of Protective Services.

De Francis, Vincent. Let's get technical. Denver: Children's Division, The American Humane Association.

The "Why and What" of Child Protective Services, A discussion and definition of Child Protection; the client; what is neglect and aggressive casework.

De Francis, Vincent. No substitute for child protection. Denver: Children's Division, The American Humane Association.

Shows the distinction between Child Protection, a function, and aggressive casework, the technique it uses in "reaching out."

De Francis, Vincent. Preview of a nationwide survey, 1963. Denver: Children's Division, The American Humane Association.

Preliminary study of incidence, characteristics, community attitudes and patterns of dealing with the battered child program.

De Francis, Vincent. Protective services and community expectations, 1961. Denver: Children's Division, The American Humane Association.

A discussion of community responsibility for providing protective services - the legal frame of reference for physical and emotional neglect - the problems involved in obtaining a legal finding of emotional neglect.

De Francis, Vincent. Review of legislation to protect the battered child, 1964. Denver: Children's Division, The American Humane Association.

Study and comparison of the content and philosophy of state legislation in 1963 for the mandatory reporting of child abuse cases. Full legal text in appendix.

De Francis, Vincent. Speaking out for child protection. Denver: Children's Division, The American Humane Association.

Highlights of testimony before U.S. Senate Subcommittee on Children and Youth. Strongly points to urgency of implementation of Child Protective Services. Gives perspective on progress in this specialized field.

De Francis, Vincent. Special skills in child protective services. Denver: Children's Division, American Humane Association.

Explores special skills and their application through the use of a case history.

De Francis, Vincent. Termination of parental rights - Balancing the equities. Denver: Children's Division, American Humane Association.

Explores the problem of termination of parental rights and the legal complications which surround the process. Basic data with respect to the rights of parents and children, and variations on the theme of how parental rights are affected, are presented and discussed.

De Francis, Vincent, Ireland, W., & Oliphant, W. Marshalling community services on behalf of the abused child. Denver: Children's Division, American Humane Association.

Implications of and differences in 47 state laws for reporting child abuse; suggested changes for maximizing child protection; implementation of reporting laws in a state administered program and in a county administered setting.

De Francis, V., Oviatt, B. The status of child protection - A national dilemma. Denver: Children's Division, American Humane Association.

Discussion of the general failure to mount Child Protective Services programs of sufficient magnitude and competency to effectively treat the needs of neglected, abused children; questions are raised and directions for needed changes proposed.

De Francis, V. Guidelines for legislation to protect the battered child. Denver: Children's Division, American Humane Association.

An analysis of the basic concepts and principles which must be considered in defining a community's approach toward reaching and treating the problem of child abuse.

Merrill, E., Kaufman, I., Dodge, P. & Schoepfer, A. Protecting the battered child. Denver: Children's Division, American Humane Association.

Report of a statewide study and analysis of child abuse cases; discussion of implications as viewed by experts in psychiatry, medicine, law and social work.

Mulford, R., & Hoel, H. Protective - preventive services; Are they synonymous? Denver: Children's Division, American Humane Association.

Are the preventive services provided in many social work settings identical in scope and function with Child Protective Services? Two papers explore and define areas of similarity and difference.

Mulford, R. Emotional neglect of children. Denver: Children's Division, American Humane Association.

A penetrating analysis of the challenge to Child Protection posed by this difficult area of child neglect.

Nichols, E. A voluntary agency adds child protective services. Denver: Children's Division, American Humane Association.

How a voluntary agency found addition of a Child Protective function to be fully compatible with its other services to children.

Oettinger, K., Morton, A., & Mulford, R. In the interest of children - A century of progress. Denver: Children's Division, American Humane Association.

Review and assessment of problems and progress in child protection in the United States and England during the 20th Century. Discussion of needs, approaches, trends and future goals.

Paget, N., & Penner, G. Family life education and protection services. Denver: Children's Division, American Humane Association.

Explores the techniques for involving protective service clients in a program of family life education; discussion of course content; evaluation of participation as means for strengthening casework relationships and parental capacity for child care.

Penner, L. & Welch, H. The protective services center. Denver: Children's Division, American Humane Association.

Discussion of the conceptualization and development of a multiservice facility designed to provide a comprehensive program for families in need of protective services. The first year's experience of a research and demonstration project.

Philbrick, E. Treating parental pathology through child protective services. Denver: Children's Division, American Humane Association.

A superb exposition of how authority in casework is employed in the process of treating the pathology of neglecting parents.

Report of national agencies workshop on child protective services, Part 1, 1957. Denver: Children's Division, American Humane Association.

A report of seven workshop sessions participated in by representatives of six national agencies.

Report of national agencies workshop on child protective services, Part 2, 1957. Denver: Children's Division, American Humane Association.

Subcommittee report on suggested language to clarify and strengthen legislation on Child Protection.

Stoenner, Herb, Plain talk about child abuse. Denver: Children's Division, American Humane Association.

Six articles from The Denver Post which expose the myths and sterotypes popularly accepted about parents who neglect or abuse children. An interpretation for the general public of the nature and dimensions of neglect and abuse, its causation and treatment.

Tormes, Y. Child victims of incest. Denver: Children's Division, American Humane Association.

A study of characteristics found in "incest" families and suggested guidelines for early identification of families where uncorrected conditions may produce a climate receptive to incest.

Wald, M. Protective services and emotional neglect. Denver: Children's Division, American Humane Association.

A discussion of emotional neglect; description of skills and attitudes necessary to change destructive parental behavior; illustrations of techniques through case history.

Ward, D. & Feigelson, L. The Cleveland story: Community planning spotlights child protection. Denver: Children's Division, American Humane Association.

How concern about current services for neglected children led to new planning with responsibility for the program in the public agency.

Wilson, T. Ventura ventures into child protective services, 1960. Denver: Children's Division, American Humane Association.

Report of a study of Protective Service needs in Ventura County, California, with analysis and evaluation of cases handled over a one-year period.